THE CANADIAN NURSE

E 54 • NUMBER 8
MONTREAL

Highlight for
GUST 1958

nvention Reports

(See Page 709)

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THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 54 **NUMBER 8**

AUGUST 1958

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Between Ourselves

Probably the most frequent inquiry made at the Canadian Nurse Journal booth at the convention or of the editors was "How soon will the report of these meetings be in the Journal?" Ordinarily, the middle of the second month preceding publication is scrupulously adhered to as the deadline. That would have meant the middle of June, in this instance, and the convention dates were the last week in the month! By dint of late at night writing sprees we have pieced together a report which we hope will give every member of the CNA a feeling of having been there.

We are most grateful to Miss **Gabrielle Charbonneau** who also wrote under pressure to provide a day-by-day account for the nurses who prefer to read about the happenings in French. Miss Charbonneau is director of the School of Public Health Nursing at the University of Montreal.

* * *

An imposing list of authors have collaborated to bring us first-hand information concerning the use of the intricate apparatus used to maintain the even flow of aerated blood in the body during delicate heart surgery. You will find this excellent article exceedingly informative for the authors have realized that very few nurses will have an opportunity to work as members of cardiac teams. They have given quite full explanations of the preoperative examinations and preparations as well as the postoperative care.

Two of the tests noted in the preoperative description were unfamiliar to us — oximetry and phonocardiography. In case you do not have your medical dictionary handy, here are the definitions:

oximeter — an instrument for measuring the per cent saturation of the blood hemoglobin with oxygen. It consists of an earpiece, control box and galvanometer.

phonocardiography — the graphic recording of heart sounds and murmurs by electric reproduction using microphone, amplifier and galvanometer, or by transmission of the vibrations to a delicate membrane, the oscillations of which are optically recorded.

* * *

The Reddy Memorial Hospital in Montreal has had a functioning home care program for many years. Our initial account of it was published in the October, 1951 issue, under the title "Taking the Hospital Home." Miss **Hazel Miller** has taken a long look at the operation of the program since it was first instituted. She finds it is a very satisfactory method of relieving the strain on hospital accommodation. The greater happiness experienced by the patients is also an important factor.

* * *

Dr. Waters' address, "Your High Calling," was delivered to directors of nursing and in publishing it we sincerely hope that every director in Canada will ponder his thoughts. Our hope goes further than the directors — every supervisor in a hospital or public health situation, every head nurse, every instructor is to a definite degree a leader in her profession. So the title applies with equal validity to all these nurses. As the late Dr. Marion Lindeburgh would certainly have expressed it, it is a challenge to all of you.

* * *

Our National Office secretaries who so faithfully prepare the copy for "Nursing Across the Nation" have been too deeply engrossed with preparations for the convention to be concerned with meeting the middle of June deadline referred to above. This part of the *Journal* will be available for your perusal in the September issue.

* * *

With this month's discussion of the organization and work of committees, the series of articles on parliamentary procedure, started last January, is concluded. We know they have proven valuable to you for many have written us expressing your satisfaction in at last having more than a glimmer of an idea of what it is all about.

Some have told us that they have cut out each article and put them in a folder for future reference. Others have asked us if this material is going to be reprinted in booklet style. The answer is "yes." In the early autumn all eight articles, reproduced in handy pamphlet form, will be offered for sale. We feel that this is a wise step so that future nurses, who have not had this year's copies, may procure the information.

We have absolutely no idea how large or how small the demand for copies of the reprinted material will be. To give any nurses who wish to procure a copy an opportunity to order it, we have placed an order coupon on page 707. The price for single or multiple copies is noted on that order form. If you wish to secure one or many copies would you kindly send along your order very soon so that we may form some idea of the number of copies we should order.

New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

ALUCOTE

Description—An amphoteric colloidal aluminum hydroxide gel combined with silicone, (polydimethylsiloxane).

Indications—Prophylaxis and treatment of duodenal and gastric ulcer and for gastric hyperacidity. Acts as a combined protective coating and antacid.

Administration—One or two teaspoonfuls ½ hour after meals, between meals and before going to bed, or as directed by a physician.

BISMYCINE

Manufacturer—Corporation Pharmaceutique Française Ltée, Montréal.

Description—Contains: Neomycin sulphate, bismuth subcarbonate, butyl parahydroxybenzoate, colloidal kaolin, pectin.

Indications—Diarrhea, gastritis, colitis.

Administration—Usual dosage: Adults, one tablespoonful 3 or 4 times daily. Children, 3 to 6 years: ½ to 1 teaspoonful; 6 to 12 years: 1 to 2 teaspoonfuls 3 or 4 times daily.

DIASONE SODIUM ENTERAB TABLETS

Manufacturer—Abbott Laboratories Ltd., Montreal.

Description—Each tablet contains: Diasone sodium (sulfoxone sodium, U.S.P.), 330 mg.

Indications—Used in the treatment of leprosy, particularly of the lepromatous type.

Administration—In adults may be increased slowly to 900 mg. daily for six months or more. An alternative schedule provides 2.1 or 2.4 Gm. daily for periods of about eight weeks, with rest periods of three to four weeks.

EASE-O-MED

Manufacturer— Henry K. Wampole & Company Ltd., Perth, Ont.

Description—Mepyramine maleate 2%, benzocaine 2%, zirconium hydroxide 6%, in a washable lotion base.

Indications—For protection against and to relieve the symptoms of poison ivy and poison oak.

Administration—For protection, apply to exposed areas which may come in contact with poison ivy or poison oak.

For relief, cleanse the affected areas thoroughly with soap and water.

Apply lotion every 4 hours as necessary.

FLEXILON TABLETS

Manufacturer—McNeil Laboratories of Canada Ltd., Toronto.

Description—Each enteric-coated orange tablet contains: Flexin (zoxazolamine) 125 mg., Tylenol (acetaminophen) 300 mg.

Indications—As a muscle relaxant and analgesic in a variety of orthopedic and rheumatic disorders: muscle strains and sprains, lumbago, osteoarthritis, fibrositis, myositis, bursitis, etc.

Administration—Dosage should be individualized. Start with one tablet 3 or 4 times a day with food. May be increased to 2 tablets 3 or 4 times a day.

GONADYL TABLETS

Manufacturer—Anglo-French Drug Co. Ltd., Montreal, 18.

Description—Each tablet contains 50 I.U. of serum gonadotrophin for sublabial administration.

Indications—Only for acne vulgaris.

Administration—The course of treatment lasts 3 months (90 days) and requires a total of 105 tablets, as follows:

2 tablets daily for the 1st month, 1 tablet daily for the 2nd month, and 1 tablet on alternate days for the 3rd month.

HYDROZETS

Manufacturer—Merck Sharp & Dohme, division of Merck & Co. Ltd., Montreal 30.

Description—Each troche contains: Hydrocortisone 5 mg., bacitracin 50 units, tyrothricin 1 mg., neomycin sulphate 5 mg., benzocaine 5 mg.

Indications—For adjunctive use in treatment of inflammation from various mouth and throat infections or from mechanical injuries caused by ill-fitting dentures or traumatic occlusions, and in aphthous ulcers and acute and chronic gingivitis.

Administration—3 to 5 troches dissolved in the mouth daily.

SPORACETIN

Manufacturer—Canada Pharmacal Co. Ltd., London.

Description—A clear colorless solution containing: Glyceryl triacetate 25%, salicylic acid 2%, in a polyglycol base.

Indications—Treatment of superficial mycotic infections, particularly athlete's foot and ringworm infections.

Administration—Apply several drops to affected area, 3 or 4 times daily.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

REPRINTS

The series of articles published in the Journal during 1958 on

SIMPLIFIED PARLIAMENTARY PROCEDURES

is being compiled in booklet form & will be on sale very soon. These booklets may be ordered from the office of The Canadian Nurse Journal, 1522 Sherbrooke Street, West, Montreal, Que. Use this form to order.

Price:	Single Copies	— 25 cents each
	5 - 24 copies (one order)	— 20 cents each
	25 or more copies (one order)	— 15 cents each

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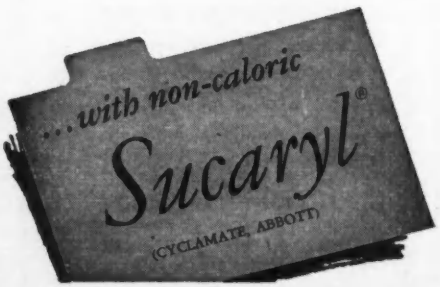

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MONTREAL

THE CANADIAN NURSE

L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 54 NUMBER 8

MONTREAL, AUGUST 1958

The Fiftieth Anniversary

Sunday

WREATH-LAYING CEREMONY

BRILLIANT SUNSHINE FLOODED Confederation Square on Sunday, June 22 as President Trenna Hunter walked alone to the base of the National War Memorial and placed there the beautiful wreath of pink carnations tipped with blue iris. As the band of the Royal Canadian Air Force played "Abide with me" the attention of the large throng of nurses — members of the Canadian Nurses' Association — was focussed on the tall, slender figure of their president as she stood with bowed head. Tears dimmed many eyes. It was a solemn moment.

Thus, with an act of remembrance, the week-long ceremonies that marked the 50th Anniversary Convention of our Association began.

It was a colorful scene. The Federal Department of Public Works had placed decorative flags at appropriate intervals around the Memorial Square. Nurses stood rigidly at attention at the four corners of the Memorial. There was a nursing sister from each of the services — Army, Navy, Air Force. The fourth nurse was Miss Corinne Devlin, a student from the oldest school of nursing in Canada — the Mack Training School for Nurses, General Hospital, St. Catharines, Ontario.

Twelve student nurses in shining uniforms, from the three Ottawa schools of nursing, formed a guard of honor through which the official party passed on the way toward the Memorial. Miss Hunter, accompanied by Miss M. P. Stiver, general secretary, CNA, and Miss Margaret Morgan, president of the Registered Nurses' Association of Ontario, were met, as they stepped from their car, by a welcoming party composed of Miss Evelyn A. Pepper, national president, Nursing Sisters' Association of Canada; Miss Elizabeth Reed, president of the Ottawa unit N.S.A.C.; Lieutenant Commander Mary Nesbitt, matron-in-chief, Navy; Major Edna Andrews, Army; Squadron Leader Muriel McArthur, Air Force.

Church Services

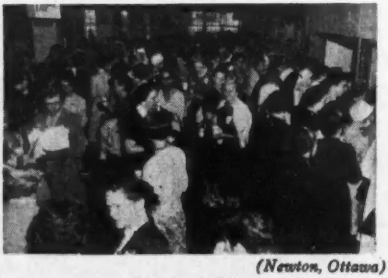
With the Protestants worshiping at St. Matthew's Anglican Church, Carling Avenue, and the Roman Catholics at St. Joseph's Church on Wilbrod, a beautiful summer's Sunday evening was brought to a close. The Very Rev. J. O. Anderson, M.C., D.D., Dean of Ottawa, gave the sermon at the former service, where the scriptures were read by Miss Hunter and by Miss Dorothy Percy, chief nursing consultant with the Department of National Health and Welfare.

The special mass at St. Joseph's was said by Rev. Alex Simpson, OMI, and the sermon was delivered by Rev. A. Guay, OMI, of the University of Ottawa.

Monday

The weather probs had been for "clear, clouding over with late afternoon showers and occasional thundershowers," but the weatherman, happily, was wrong. Despite the hundreds who had thronged to our National Office for five hours on Sunday to complete the registration formalities, long queues jammed the foyer of the Coliseum as nurses from every province lined up before their respective areas to secure their precious badges.

Nor were Canadian nurses the only ones who were there. Miss Marjorie L. Wenger, editor of *Nursing Times*, had flown over from London, England for the occasion. The newly elected president of the American Nurses' Association, Miss Mathilda Scheuer and Mrs. Edith Lewis, editor of the *American Journal of Nursing*, represented our next door neighbor. Nurses from Pakistan, India, Indonesia and Thailand who have been studying in Canadian universities, added an authentic international aspect. Famous names were brought to life by the presence of Miss Agnes Ohlson, president of the International Council of Nurses, Miss Daisy C. Bridges, its general secretary, and Miss Lyle M. Creeelman, the Canadian nurse who has been chief of the nursing service of the World Health Organization for several years.



(Newton, Ottawa)

In the lobby

Another international note was introduced by the couriers. Ottawa members of the RNAO had been loaned beautiful, colorful costumes by the Embassies in our national capital.

Special commendation is due the Arrangements Committee who had had the individual name cards printed in large enough type that they could be easily read from a yard away. Even the most myopic registrants could say "Of course I remember you, Miss Brown"!

Miss Gertrude Ferguson, a member of the Arrangements Committee, had designed a special commemorative brooch bearing the lettering C.N.A. — A.I.C., the figures 1908-1958 and the symbolic lamp. Each registrant received one of these pins as a gift from the Registered Nurses' Association of Ontario. A small supply of these pins is still available. Send 50 cents to the *RNAO, 33 Price St., Toronto, Ont.* to order one.

Another lovely souvenir was the sterling silver teaspoon bearing a tiny replica of the new crest of the Canadian Nurses' Association. Any one wishing to purchase one of these spoons should send a money order for $2.50 to the *Canadian Nurses' Association, 270 Laurier Avenue West, Ottawa, Ont.*

Opening Ceremonies

Promptly at 9:30 A.M., the official party assembled on the platform and President Trenna Hunter called the large gathering to order. Rev. E. G. B. Foot, O.B.E., C.D., R.C.N., Protestant Chaplain-of-the-Fleet gave the invocation. It was a signal honor to have the Prime Minister of Canada, the Right Hon. John G. Diefenbaker, speak briefly before declaring the convention open.

There have been remarkable achievements made in the status of women in the

past 50 years, but these changes have not been applied in public life. Today, with one woman in three gainfully employed, only two are participating in the building of our country through their role in the House of Commons. Maintain your faith in the future. Do not let it die in fear and doubt. As long as youth maintains its faith, freedom will survive.

Following the reading of a message of greeting and good wishes from our Royal Patron, Her Majesty, Queen Elizabeth, his Worship, Mayor George H. Nelms extended a civic welcome to Ottawa. Bringing greetings from the World Health Organization, Miss Creelman noted that 45 per cent of the project personnel active in many parts of the world are nurses. Of the current roster of some 150, 31 are Canadians. Altogether, 54 Canadian nurses have served or are serving with WHO.

Reading the many greetings from associations and individuals, Miss M. P. Stiver, general secretary CNA, noted that the Trained Nurses' Association of India is also celebrating the golden anniversary of its organization during 1958.

Introducing Miss Daisy C. Bridges, Miss Alice Girard noted briefly the recognition her achievements have brought her — C.B.E., R.R.C. — then gave her a new title. Miss Girard called her the "international ambassador of nursing," the friend of nurses everywhere. Miss Bridges' Keynote Address, "The Patient, the Present and Progress," was printed in full in our July issue.

Special Luncheons

Because of the relative isolation of Lansdowne Park from the business district of Ottawa, a catering firm, Morrison-Lamothe, provided excellent noonday meals on the grounds. In addition to the regular dining room, special group luncheons were provided each day at which addresses of particular interest to the group were given.

Rev. Father Swithun Bowers, who is a specialist in Human Relations was speaker at Monday's luncheon. Applying his topic to nursing, he said

> The person we are is a reflection or image of what we want from our fellows and also of what others expect of us . . . Nurses are accustomed to dealing with symptoms so they should be aware that behavior is always symptomatic. We need to understand our own behavior so that we will be able to sense the reason behind the behavior of others . . . Each of us has a fundamental drive to love and to be loved. Our behavior is conditioned by our urge to defend our sense of personal worth against emotional hurts.

(Newton, Ottawa)

Luncheon gathering

Afternoon Session

Miss Hunter's presidential address developed three main areas of professional association responsibility. It will appear in next month's issue of *The Canadian Nurse.*

Reports

The general secretary, Miss M. P. Stiver, reported that Association membership now stands at 49,364 of whom 45,446 are active members, 3,918 associate. Of the total active membership, 32 per cent belong to the R.N.A.O. The ratio of nurses to population is highest in B.C. — 1:258 persons; lowest in Newfoundland — 1:594 persons. On the basis of age, estimated from the Dominion Bureau of Statistics data, 21.8% of the total membership is under 24; 32.8% between 25 and 34; 22.2% between 35 and 44; 13.8% between 45 and 54; 4.4% between 55 and 59; 5% were 60 years and over.

Miss Stiver noted that the active programs of the CNA, geared to promote the welfare of the public, the profession, and nursing on an international level, are expanding very rapidly. Two new appointments to the professional staff at National Office have been made. She outlined briefly the wide range of services the Association has performed, including: the

establishment of policies of nursing education and service; the improvement of standards of nursing care; programs of public education. The CNA speaks for all the nurses of Canada in representations to the federal government, the World Health Organization and kindred bodies.

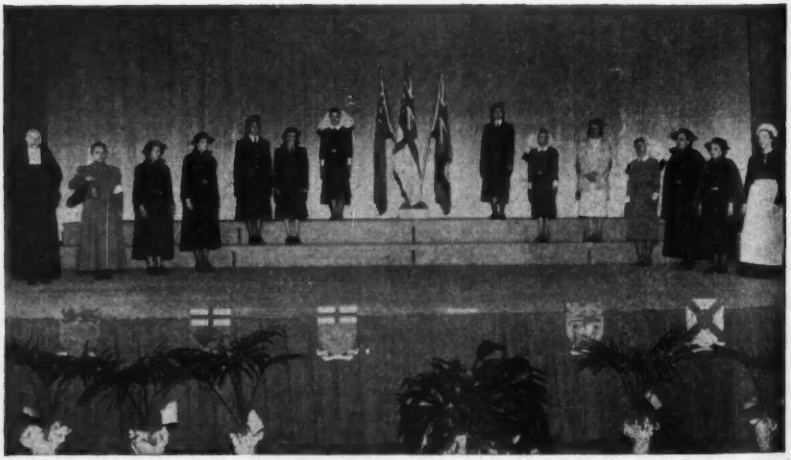
First vice-president Alice Girard, in presenting the report of the Finance Committee and the budget for 1958-60, noted that in the allocation of association funds during this past biennium 25.1 per cent was spent on activities related to nursing education, 29.1 per cent on nursing service. In the new budget, a larger share than previously has been apportioned to public relations and also to international programs.

Eight reasons were given why an increase in affiliation fees may have to be made next biennium. The present rate of $2.00 per member per year is insufficient to permit the development of many cherished plans. One of the most significant of these is a program of accreditation of schools of nursing which it is hoped will eventually develop from the current Pilot Project on evaluation. Only $2500 is available each year for loans to graduate nurses wishing to proceed with postgraduate study.

Cavalcade in White

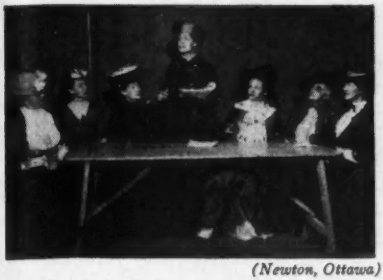
Presented on both Monday and Tuesday evenings to near-capacity audiences, the history of nursing in Canada was depicted in a colorful pageant that combined many dedicated and dramatic elements with others that were light and humorous. The script of writer Douglas H. Murray was ably produced by John Maddison with a minimum of professional talent and a score or more of amateur performers. Great credit is due Miss Verna Huffman and her committee who procured a great variety of authentic period costumes to fit the various episodes.

As the pageant opened, we saw a young girl, just graduating from high school, who is trying to make up her mind whether she wants to follow in the footsteps of her mother and grandmother and become a nurse or to choose some other career. Grandmother conjured up tableau scenes to tell the story of the growth of professional nursing in Canada beginning with the arrival of the first members of the nursing sisterhoods in New France in 1639. The contributions that nurses have made in every facet of the development of Canada as a nation were explored, including war service as well as expansion at home. The dramatic moment when Mary Agnes Snively launched the infant Canadian Nurses' Association was included. The occasional sour notes that seem inevitable when non-nurses prepare the script for our profession, were more than compensated for by such highly courageous



(Newton, Ottawa)

An impressive scene during "Cavalcade in White"



(Newton, Ottawa)

Miss Snively launches the C.N.A.

(Newton, Ottawa)

The Indian Health Nurse

scenes as the V.O.N. nurses battling a typhoid epidemic in the Yukon during the gold rush era, or the nurses with the Indian Health Service confounding the medicine men with their modern remedies. The highly satisfactory conclusion was, of course, that the young girl reached her decision to dedicate her life to nursing.

Many members have expressed the hope that a modified version of this pageant might be made available to the provincial associations. The expense of the presentation seems to be the biggest stumbling block.

Tuesday

The excitement of the opening day's activities gave way to a more serious atmosphere as members prepared themselves to consider the business of the association. No doubt prompted by memories of somewhat tedious sessions spent in the formal presentation of reports, the chairmen of the various national committees — nursing education, nursing service, public relations, legislation and bylaws — arranged to submit their accounts of activities during the past biennium through an informal panel discussion. With Miss Hunter as moderator and the audience participating at will, the venture was gratifyingly successful.

In the general discussion ensuing from the remarks of the panel members, two issues sprang to prominence. One was the urgent need for more research, the other, the equally urgent need for additional funds to be placed at the disposal of the CNA to carry out such projects. In addition the shortage of nursing personnel prepared to do research was emphasized.

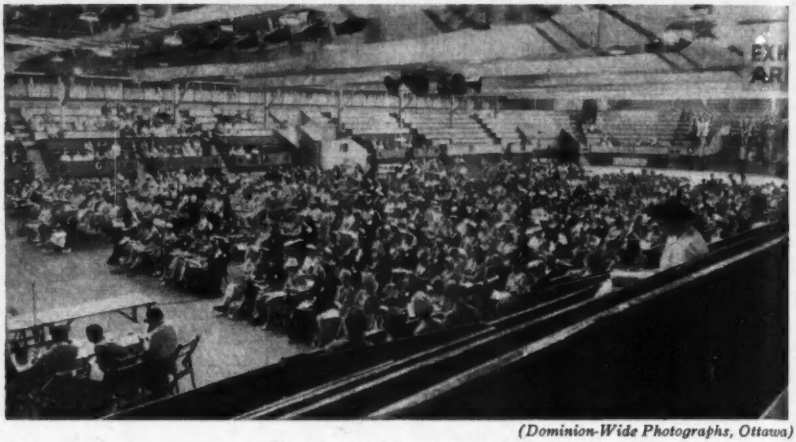
These problems did not go completely unresolved. Several possible sources of financial aid for research activity were suggested to fill the gap until such time as the CNA might be prepared to assume more financial responsibility. A spontaneous burst of applause signified general approval of the recommendation voiced by Miss Florence Emory that a resolution should be forwarded emphasizing the urgency for the establishment of post-baccalaureate degree courses of study in one or more university schools in Canada.

Luncheon

Miss Marjorie L. Wenger, the editor of *Nursing Times*, discussed the importance of establishing a good rapport with patients when she talked to the private nurses' group. Some good English words have entirely different meanings in different parts of the world. Sometimes language difficulties present a seemingly impassable barrier. Yet the patient, with only a foreign language, can understand good will and kindliness in facial expression, in kind, ministering hands.

Afternoon Session

With her gold badge and chain of office glowing against the royal blue of her dress, Miss Agnes Ohlson, president of the International Council of Nurses, gave us fresh awareness of the scope of our profession and its activities, both through her presence and her remarks. Miss Lyle Creelman added to this awareness as she discussed the work of the nursing division of WHO. The addresses of both these speakers will appear in the September issue. It



(Dominion-Wide Photographs, Ottawa)

The Convention in Session

seemed most appropriate that representatives of the Far Eastern countries in their beautiful saris should be present on the stage with these two speakers.

Wednesday

Morning Session

"An Ounce of Magic" was the intriguing title of the panel discussion on accident prevention. Directed by Gordon Hawkins, associate director of the Canadian Association for Adult Education, the panel revealed that Canada has one of the highest accident rates in the world, with deaths from accidents being listed at the top of the causes for the 20-39 age group, in third highest position for the total population. Dr. David Kubryk, chief of the Federal Epidemiology Division, noted that last year 40 per cent of non-transport accidents occurred in that "haven of security we call home." Three-quarters of them could have been prevented "with reasonable care and foresight." The responsibility for accident prevention is shared jointly by government services and voluntary agencies. An active educational program is urgently needed.

Wing Cmdr. Lowry, chief of medical services for the R.C.A.F.'s air materiel command, stated that aircraft noise has posed certain problems which have overflowed to civilian areas. Programs are planned to protect people from this noisy environmental factor.

Dr. W. Storrar, medical director of the Montreal General Hospital found that the commonest accidents around a hospital are: giving a medication or treatment to the wrong patient; patients falling out of bed. Both of these call for joint study.

Luncheon

Dr. Charlotte Whitton was guest speaker at the luncheon honoring past presidents of the CNA of whom five were present. Jokingly, she told the guests of honor they might take comfort from an advertisement she had recently read of "splendidly preserved and skilfully restored antiques, guaranteed to be sturdy, in good condition and likely to prove serviceable for years to come." Miss Whitton reviewed the local and national scene in 1908 when our association was formed. In closing, she urged the CNA, entering its second half century "to break the barriers and make wide the way for the greater world."

Afternoon

Many trips and outings had been arranged for this "on your own" day. Alas! The weather that had been glorious turned another face. Rain in torrents wiped out some events, hampered others. Nevertheless, the six busloads who took the trip to view the St. Lawrence Seaway developments reported they had marvellous refreshments, provided by the Seaway Chapter, R.N.A.O. at Cornwall.

Thursday

Under the heading of "Nursing in the News," a panel of speakers chaired by Sr. Mary Felicitas, Director of Nurses, St. Mary's Hospital, Montreal discussed the role of your *Journal* as a public relations tool and enlarged upon plans for the future. The possibility of a French edition, *L'Infirmière canadienne,* was greeted with approving applause. The tremendous increase in the general circulation is, in the words of the chairman of the Journal Board, Mrs. Isobel MacLeod, indicative of our "increasing professional maturity" as signified by the tendency to "act as a group rather than as individuals" as each province has undertaken the responsibility of seeing that each one of its members receives copies of the *Journal* regularly.

Questions from the floor were thoughtful, well-considered. What is to be the role of the provincial editorial advisers? What type of editorial material does the editor wish to receive? A tribute to the effectiveness of the *Journal* as an agent of internal public relations was voiced by Mr. Allan Fenton, CNA Public Relations counsel.

Mr. John Bird, member of the Parliamentary Press Gallery, Canadian press correspondent and a former editor of the V.O.N. *Quarterly* gave many useful suggestions concerning the ways in which nurses can help the public to understand their role. External public relations depend upon nurses themselves to a much greater extent than we seem to accept presently as our responsibility. Radio, television, and the press are media through which we can work. Editors, radio and television personnel need a steady flow of information, with local application of stories having a national significance and of current general interest. As nurses and experts in *our* field we know what information we wish the public to receive concerning our profession and with the help of those connected with news-dispensing media and therefore experts in *their* field, we can do an effective job of external public relations.

(Newton, Ottawa)

The Public Relations Panel & Mr. Bird

(Newton, Ottawa)

The head table, students luncheon

Luncheon

There was "standing room only" at the luncheon meeting for the student nurses. A lusty singsong livened proceedings — the students of the hostess city presented a song of welcome composed for the occasion and the visitors responded with a musical "thank you" for hospitality received. The guest speaker, Helen G. MacArthur, chose the imaginative and very appropriate title of "The World at Your Fingertips" for her address. With present world leaders in nursing as the "fingertips" belonging to "hands" formed by the large body of nurses in their respective countries, she gave each member of her audience a sense of her own personal worth to her profession.

Afternoon Session

The Honorable J. Waldo Monteith, Minister of National Health and Welfare, described the Hospital Insurance Program and forecast its possible effect upon nursing. Since this is a subject that is currently a matter of concern, you will be able to study Mr. Monteith's address in a later issue.

Under the chairmanship of Dr. Alistair MacLeod, a panel of experts representing hospital administration, nursing service, nursing education and the

field of sociology examined the profession of nursing in the light of changes occurring during their own life-time and predicted further changes to come in order that the individual nurse may obtain the greatest degree of satisfaction possible from her work. A student nurse Mrs. Pearl Emo, Queen Elizabeth Hospital of Montreal, described herself as the end product of the present educational system and posed the question — Am I prepared to work in this complex society? A head nurse, Miss Jean Trenholme, Royal Victoria Hospital, Montreal described the multitudinous duties that fall to the lot of anyone in her position and forecast a change in name for the unit administrator. Miss Rahno Beamish, director of nursing, Kitchener-Waterloo Hospital, suggested that we should look carefully at our nursing techniques and decide if what we are presently doing could not be improved. Miss Ruth Morrison, University of B.C. School of Nursing, felt that present programs in nursing education tend to destroy the individuality of the nurse and her feeling of being free to express herself. She emphasized the necessity of developing a greater sense of citizenship, of helping nurses to increase their sense of responsibility toward their profession, of giving them a better understanding of the public health aspects in their work.

Miss Mildred Brogan, Bell Telephone Company of Canada, described in detail the changes that have occurred in occupational health nursing. Management is recognizing the importance of providing health services for its employees. The occupational health nurse is being allowed to fill her proper role to a greater extent and is being relieved of the "police" duties with which she was often associated. Miss Elizabeth Bregg, North Western University School of Nursing, Cleveland, deplored the current practice of treating psychiatric nursing as a specialty. The student needs this information and experience right from the start of her professional career if she is to "meet the emotional needs of the patient" most effectively. Sister Madeleine of Jesus, Director of Nursing Education, University of Ottawa, discussed the spiritual aspects of nursing. Religion is important in the maintenance of mental health both of the nurse and her patient. Dr. Aileen Ross, sociologist, McGill University observed that no one had pinpointed the nurse's image of herself. In spite of all the adjectives used to describe the nurse, possession of intelligence was consistently omitted. She advocated a greater degree of aggressiveness in the nurse's make-up to allow her to reach her objectives and the courage to label herself intelligent.

Mr. A. H. Westbury, executive director, Montreal General Hospital summed up the situation from the hospital administrator's point of view. He looked for loyalty, efficiency, sympathetic understanding of the patient, and cooperation with the administrator and understanding of his problems from his nursing staff. He set greater attention to preventive medicine — establishment of well-being clinics; improved health education, physical and mental, for the general public; the possible introduction of automation into laboratory areas; and simplification of existing procedures and techniques to overcome the constant demand for additional personnel as the new horizons towards which we must look.

(Newton, Ottawa)

Students' luncheon participants

Friday

Early next year the Pilot Project in Evaluation will have almost reached its climax. On the basis of its findings Canadian nurses must then arrive at decisions on two important issues. First, do we wish to have evaluation done on a national scale? If so, what will the criteria for evaluation be?

Miss Helen K. Mussallem, director, reported on the work of the project to

date and emphasized the advisability of setting up criteria specific for Canadian schools of nursing. Panel members, under her chairmanship, suggested the lines along which criteria should be developed. Sister M. Felicitas, director of nursing, St. Mary's Hospital, Montreal spoke of the philosophy that must underlie any program and provide direction for those promoting it. Sound administrative principles, clear definition of the financial position of the school with separate accounts of its operation, and realistic, attainable program objectives shared equal importance. In addition the purpose and composition of the faculty of the school of nursing must be predetermined.

Miss Mary Richmond, director of nurses, Royal Jubilee Hospital, Victoria, in discussing criteria related to the faculty, noted the difficulty in obtaining sufficient personnel. The faculty needs good nurses who are also good teachers, interested in research and ready to respect and incorporate the findings of research into their programs. To obtain them we must guide into teaching those who have the most highly developed talents of good nursing. We must make the job of teaching a satisfying one.

To attract the best prepared of our high school graduates into nursing, we must offer stimulating programs in an environment conducive to the development of the individual not only as a nurse but as a person.

In the areas of curriculum and evaluation within the school of nursing, Mrs. Blanche Duncanson who is presently engaged in a research project in Manitoba, outlined possible criteria. Both the school and the program offered should have a clearly stated philosophy and realistic, attainable objectives. There should be a sound plan of student assignment to the various clinical areas. Means to evaluate its own program should be developed in each school and the system of student evaluation should provide the individual student with an opportunity to observe her own progress.

Miss Margaret Street, associate director of nursing, Calgary General Hospital dealt with the setting for a program in nursing education. Educational facilities should be similar to those of any good college-level institution. Clinical resources should allow the student to *observe* good nursing care and to *learn* how to give good care. Hospital nursing services should encompass such factors as adequate professional and non-professional personnel; a staffing budget sufficient to provide both satisfactory quantity and quality of nursing care; good personnel policies and a safety program.

Contributing to this same discussion were Dr. L. O. Bradley, administrator, Winnipeg General Hospital; Dr. A. F. W. Peart, assistant secretary, CMA, who supported the idea of national evaluation and Dr. Roby Kidd, director, Canadian Association for Adult Education, who emphasized the importance of development of the *whole* person within our professional programs. Miss Katherine MacLaggan, Teachers' College, Fredericton stressed the importance of separation of the school of nursing from the hospital in respect to finances. If not done successfully it was conceivable that all nursing programs would have to be conducted by university schools.

Sister Denise Lefebvre summarized the deliberations of this panel of experts.

Luncheon

Public health nurses assembled in the Convention Hall for their special session. Dr. Doris W. Plewes, Consultant, Fitness and Recreation, Department of National Health and Welfare, was a spirited and entertaining speaker. Her address, "Personal Power and Energy," will appear in a later issue of the *Journal*.

Afternoon Session

Honorary Membership

Heretofore, the CNA had granted only one Honorary Membership — to the founder of our association, Mary Agnes Snively. With the newly amended bylaws in effect a very pleasing ceremony was most graciously conducted by our president.

The first to be welcomed as one of this distinguished group was Miss **Daisy Bridges, C.B.E., R.R.C.** Miss Gladys Sharpe, who presented her, read the citation:

A woman of great understanding and quiet strength, who, as an administrator in international affairs in peace and war has exemplified the highest standards of the nursing profession and through whose wise leadership, nursing organizations in many countries have been guided toward paths to better ways.

Miss Hunter then called upon one after another of a group of nurses who have contributed wisely and well to the development of our association over the years. Some were present — many were not. Each received a certificate of honorary membership and a lovely golden rosebud corsage to commemorate the occasion.

Brief comments attested to the role that each had played in enhancing the place that nursing occupies in Canada.

1. **Mrs. Warren Lyman** (M. Louise Meiklejohn) as superintendent of Lady Stanley Institute, Ottawa, in 1908, was hostess for the organizational meeting. Now 94 years of age, Mrs. Lyman who still resides in Ottawa was unable to be present.

2. **Edith MacPherson Dickson** — president 1920-22. During her administration the question of "dominion registration" was first raised.

3. **Jean (Browne) Thomson** — president 1922-26. Known to thousands of school children as "the Red Cross lady" through her work in Junior Red Cross, it was during her regime that the beautiful nurses' war memorial in the Parliament Buildings was constructed and dedicated.

4. **Mabel F. Gray** was secretary of the CNA at the time of Flora Madeline Shaw's presidency. Following Miss Shaw's untimely death Miss Gray became president for 1927-28.

5. **Florence H. M. Emory** — president 1930-34 — was in office when the 25th anniversary was celebrated. Miss Emory's regime sponsored and saw to its conclusion the first survey of nursing in Canada.

6. **Ruby Simpson, O.B.E.**, president 1934-38, fostered community nursing bureaux as a method of combatting the depression-born scarcity of employment for nurses.

7. **Grace M. Fairley,** president 1938-42, carried the burden of association work through the early years of the Second World War. Active in nursing affairs at every level, Miss Fairley also served as third vice-president of the I.C.N.

8. **Jean S. Wilson** was the first to be appointed as executive secretary of the CNA serving from 1923 to 1943. For eight years of that time she also served as the editor of *The Canadian Nurse.*

9. **Ethel Johns** is best know for her great contribution to the nursing literature of today. The first full-time editor and business manager of *The Canadian Nurse* (1933-44), Miss Johns still finds time and energy to write books and to edit "Just Plain Nursing." She was secretary of the CNA 1917-21.

10. **Helen Randal** was the editor of our *Journal* 1916-24. She served as president of the Canadian Society of Superintendents for four years. Miss Randal is known best for her long years of service (1918-41) as registrar and inspector of schools of nursing in B.C.

11. **Kathleen W. Ellis** served as National Emergency Adviser for the CNA during World War II, assuming the responsibilities of the general secretary of our association in 1943, for one year. As executive secretary of the Saskatchewan Registered Nurses' Association, Miss Ellis made a sterling contribution to nursing in that province.

12. **E. Kathleen Russell** established the first independent school of nursing in Canada. Teacher, author, researcher, the recipient of several honorary degrees and awards, Miss Russell has been a representative of the CNA in almost every important development in nursing in our country.

13. **Reverend Mother Allard** was a member of the committee that developed the "Proposed Curriculum for Schools of Nursing in Canada." She was one of our representatives at the I.C.N. convention in 1933. As author and teacher she has had a distinguished career.

14. **Elizabeth Smellie** has the unique distinction of being the first woman to reach the rank of Colonel when she was made the Matron-in-Chief of the R.C.A.M.C. in 1940. For many years Miss Smellie served as superintendent of the Victorian Order of Nurses for Canada. She was first vice-president of the CNA 1940-42.

Miss Ruby Simpson responded to the ceremonial presentations on behalf of all of the recipients, present and absent. She said:

This has been a deeply moving, an

emotional experience which I feel sure has been felt by this great audience as well as by those of us on the platform. Words are weak and inadequate to express our thanks and our appreciation of the high honor which you have conferred upon us. We feel humbled and touched at the citations read by our gracious president. Surely gentle, kindly time must have enhanced for you, the quality of the service which it was our pleasure to give. We know that it has erased for us the problems and perplexities of those earlier days, leaving only pleasant thoughts of good friends and happy experiences. They are for us treasured memories to which we now add the warm glow from your gift to us. You have made us happy indeed.

Our "Thank you" is not a casual one as you must know. It is many splendored and comes from our hearts, deep down.

May we wish for this great Association all that is good and true as with new horizons the upward climb is begun toward the next anniversary. In your young hands we have no fear for its future.

Evening

The familiar pattern for the closing session of our conventions was followed, including the traditional presentation of the Mary Agnes Snively memorial lecture and the ceremonial installation of the newly elected officers. Regretfully, it was learned that Mrs. Ellen Fairclough had been forced to withdraw as the lecturer due to her ministerial obligations. Dr. W. Stuart Stanbury of Toronto, National Commissioner of the Canadian Red Cross Society, consented to fill this breach. Unfortunately, a serious illness laid him low. His address, "Our Common Heritage," was ably read by Mr. Clarence D. Shepard, Q.C., who is an officer of the C.R.C.S. It is planned to publish Dr. Stanbury's lecture in the October issue.

As the final part of her presidential duties, Miss Hunter installed the three vice-presidents — 1st Helen Carpenter; 2nd Electa MacLennan; 3rd Hazel Keller — in their respective offices. Then the president's symbol of office, the gavel, was presented to our new president, Alice Girard.

In her acceptance speech, Miss Girard expressed the gratification of the French-speaking nurses of Canada in being able, through her, to share in the growth and development of our national association. We were given a new watchword to be our guiding light during this biennium — *Faith.*

(Dominion-Wide Photographs, Ottawa)
Hello from Alberta

When the official party reached the building where the RNAO had prepared for a splendid repast, they were met by a welcoming guard of honor. Nurses in uniform flanked by nursing leaders of the Ottawa area in evening attire formed an avenue to the centre of the large hall where an enormous birthday cake was displayed. It was a thrilling sight to watch our new president light the golden tapers.

Epilogue

The 50th Anniversary of the formation of our association is over. The important recommendations that developed out of the discussions will be published in full in our September issue. An outline of the approved Pension Plan for nurses has been promised for the October number. Most of the addresses are still to be published as has been noted throughout this report.

It was a good convention. Total registration reached the highest figure in our history — 2356. It is a significant increase from the 25 nurses who met in October, 1908 to form the Canadian National Association of Trained Nurses.

Sister Catherine Gerrard, president of the Registered Nurses' Association of Nova Scotia, issued a cordial invitation to the CNA to hold the 1960 convention in Halifax. Hearty applause indicated the desire of everyone to accept the invitation. So we will see you all in Halifax!

Le Cinquantième Anniversaire

GABRIELLE CHARBONNEAU

LES INFIRMIÈRES DU CANADA célèbrent cette année le cinquantième anniversaire de fondation de leur association professionnelle. Aussi, à l'instar de parents et amis réunis pour fêter joyeusement le Jubilé d'Or d'un être cher, un grand nombre d'entre elles se sont rendues avec enthousiasme dans la capitale canadienne pour fêter l'événement. De tous les coins du pays, elles sont venues par train, par avion ou par automobile pour rendre mémorable entre toutes cette semaine du 22 au 27 juin 1958 où s'écrira j'en suis sûre, une page importante dans l'histoire de la profession.

Dimanche

Cet après-midi, pendant que les membres de l'exécutif délibèrent, les visiteurs, grâce aux automobiles mises à leur disposition, admirent les beautés de la ville qui, sous un soleil radieux, semble toute heureuse de les accueillir.

Quatre heures, place de la Confédération, rendez-vous au pied du cénotaphe. C'est là, que les infirmières canadiennes dans le silence et le recueillement déposent des fleurs et rendent hommage aux infirmières, qui durant les deux grandes guerres mondiales, 1914-18, 1939-45, ont servi dans les forces canadiennes de l'armée, de l'aviation et de la marine. Minute émouvante, qui ramène à notre souvenir les compagnes déjà disparues, qui ont servi avec amour et attachement leur profession et leur pays.

Puis, heureuses de se rencontrer après deux, trois, quatre ou cinq ans et parfois plus, les infirmières sont tout à la joie de se revoir. C'est un échange de mots de bienvenue, de promesses de se parler plus longuement durant la semaine, soit avant ou après les séances, soit à quelque rendez-vous pris ou donné au moment même et . . . sur ce on se quitte. Comment un groupe de femmes aussi vivantes ne sauraient-elles pas donner à leur association nationale, cet élément vivifiant qui la mènera certes à bien d'autres jubilés.

Le soir, des cérémonies religieuses sont organisées pour les deux groupes d'infirmières catholiques et protestantes. Celles-ci se réunissent en l'église St-Mathieu et les autres en l'église St-Joseph. Après la messe dite à leur intention, les membres de l'Association des Infirmières Catholiques du Canada profitent de l'occasion pour tenir une assemblée générale.

Lundi

Les congrès, pour être bien réussis, doivent être préparés longtemps à l'avance et organisés selon des plans élaborés avec soin et exécutés fidèlement jusque dans les moindres détails. Ici, rendons témoignage aux organisatrices qui n'ont rien négligé pour le bon fonctionnement des assemblées, pour le confort et l'agrément des congressistes.

Ce matin, en peu de temps près de mille quatre cents infirmières tant de langue française que de langue anglaise s'inscrivent pour suivre les activités de la semaine. Un système de traduction simultanée permet aux infirmières de langue française de suivre les conférences et délibérations données en anglais. Les traducteurs font preuve de compétence et d'habileté.

C'est avec grâce et dignité que Madame la présidente, Mademoiselle Trenna Hunter déclare ouverte l'assemblée du cinquantième anniversaire de l'Association des Infirmières Canadiennes. Le révérend général E. G. B. Foote, dans une prière appropriée, demande l'aide et la lumière de Dieu pour le succès des délibérations de toute cette assemblée.

Le Très Honorable J. G. Diefenbaker, premier ministre du Canada, prononce le discours d'ouverture officielle. Il incite les infirmières à maintenir une foi vivante en l'avenir . . . et à ne se laisser abattre ni par la crainte ni par le doute. C'est vous, dit-il qui façonnez cet avenir et aussi longtemps que la jeunesse maintiendra sa foi, la liberté survivra.

Son Honneur le maire d'Ottawa, Monsieur Geo. H. Nelms, souhaite la plus cordiale bienvenue à toutes les congressistes et émet des voeux pour que leur séjour à Ottawa soit agréable et leurs délibérations fructueuses. A son tour, Mademoiselle Margaret Morgan, présidente des Infirmières Enregistrées de l'Ontario, nous accueille chaleureusement dans cette province. Puis des voeux de succès et de félicitations à l'occasion de ce Jubilé d'Or, sont transmis par télégrammes et par les représentants de diverses organisations internationales ou nationales, de nursing et autres.

Mademoiselle Daisy Bridges, secrétaire générale du Conseil International des Infirmières, dans sa conférence fait allusion au terme du congrès: "Ouvrons une voie meilleure vers l'avenir." Elle souligne que, tout ce qui a été accompli dans le passé ne saurait être d'aucune utilité à l'humanité si les relations humaines n'étaient mieux comprises. Malgré les progrès de la technique et de la science, les infirmières doivent réaliser que les patients sont toujours des humains, qu'ils requièrent sympathie et compréhension.

La conférencière souligne également le fait que le nursing est une profession internationale ayant de hauts standards et qu'elle est pourvue de possibilités la rendant capable de s'adapter aux besoins nouveaux. Cependant, même si cette ère nouvelle est venue, nous devons non seulement concentrer nos efforts dans le développement des programmes d'éducation et des techniques nouvelles, mais surtout dans la défense de nos valeurs morales et spirituelles: de loyauté, de foi, d'intégrité et d'honneur.

Dans son discours présidentiel, Mademoiselle Trenna Hunter fait une brève revue des principaux événements survenus durant les cinquante années écoulées depuis la fondation de l'Association. Elle rappelle aux infirmières que les objectifs formulés alors, restent toujours les mêmes et qu'encore aujourd'hui, c'est en vue de leur réalisation que nous unissons nos efforts.

Tour à tour, Mademoiselle Alice Girard convocatrice du comité des finances et Mademoiselle Pearl Stiver, secrétaire générale de l'Association, nous parlent de nos besoins et de nos ressources financières; quel était et quel est le budget de l'Association, comment est dépensé le deux dollars que chaque infirmière par l'intermédiaire de son Association provinciale verse à l'Association nationale.

Après ces assemblées bien intéressantes mais aussi assez fatiguantes, rien ne vaut comme une bonne tasse de thé dégustée en agréable compagnie au salon Lippincott.

Lundi soir, plus de 3,600 spectateurs assistent à la première d'un pageant produit et écrit spécialement pour le Jubilé de l'Association des Infirmières Canadiennes. Cette dramatisation d'un demi-siècle de progrès et d'accomplissements dans le nursing canadien évoque ces moments où tour à tour le tragique, le sublime et l'humour se sont mêlés pour forger notre destinée.

Dans ce spectacle éducatif épicé d'humour, agrémenté de couleur et de musique, tout le fil de l'histoire tient de la conversation tenue entre Suzie et sa grand'mère. Celle-ci autrefois infirmière, répond d'après ses connaissances et son expérience en nursing aux questions de sa petite fille qui désire choisir une carrière. Sera-t-elle oui ou non infirmière?

D'une façon vivante et dramatique, c'est la revue de l'histoire depuis 1639; arrivée à Québec des Ursulines et des Augustines, travail héroïque des pionnières—Jeanne-Mance et Mère d'Youville, débuts des ordres religieux des Soeurs Grises et des Hospitalières de St-Joseph, travail accompli par la Victorian Order of Nurses et la Croix-Rouge, évolution des techniques de soins aux malades, etc. Pour la première fois nous voyons le nouvel uniforme des infirmières travaillant dans les réserves indiennes.

Cette pièce produite et dirigée par des professionnels, interprétée par des acteurs de la radio ou de la télévision et dans laquelle l'auteur a su d'une façon ingénieuse intercaler les éléments dramatiques de l'histoire de la profession avec une touche légère d'humour, nous est offerte en un spectacle plein de couleur et de gaîté.

Puissions-nous garder bien longtemps dans nos mémoires, le souvenir de ce passé garant de l'avenir et du progrès!

Mardi

Séance d'affaire, les convocatrices

des principaux comités nationaux d'éducation, de service de nursing et de relations extérieures présentent un compte-rendu des activités accomplies durant la dernière période biennale et les recommandations qui ouvrent brèche sur des horizons nouveaux.

La discussion porte surtout sur le coût élevé de l'éducation des infirmières, et sur la nécessité d'entreprendre et de poursuivre des recherches en nursing pour le maintien et le développement de hauts standards. Pour l'un et l'autre il nous faut de l'aide financière et seuls les subsides publics et privés peuvent y pourvoir.

Deux motions viennent de la salle. L'une demande que le sceau de l'Association des Infirmières Canadiennes soit modelé sur l'écusson et qu'il contienne dans les deux langues française et anglaise les mots inscrits; l'autre, que les membres du comité de direction de la revue l'Infirmière Canadienne soient plus nombreux et qu'un membre du comité des relations extérieures de chaque province fasse partie de ce bureau de direction pour une période de trois ans.

L'assemblée se termine par le vote sur les résolutions et les recommandations des comités.

La conférencière invitée de l'après-midi, Mademoiselle Agnès Ohlson, présidente du Conseil international des Infirmières nous transmet les voeux de succès offerts par cette association et rappelle la solidarité qui doit exister entre les infirmières du monde entier.

> Le bonheur des infirmières des autres pays est la responsabilité de chacune, et cette solidarité est un élément nécessaire et essentiel au progrès. La facilité des moyens de communication fait que chacun par la suite, ressent les influences de cette force solidaire dans quelque domaine que ce soit: religieux, politique, scientifique, professionnel et surtout de la santé!

Mademoiselle Ohlson énumère et suggère quelques moyens qui aideront les infirmières canadiennes à promouvoir le nursing dans le monde. Elle incite les déléguées à maintenir élevés les standards d'éducation et à renforcir davantage les organisations professionnelles. Puis, parlant du statut économique des infirmières, elles sont, dit-elle, en droit de s'attendre à tenir un standard de vie élevé comparable à celui maintenu par les autres professions; elles doivent lutter pour obtenir ces standards de vie et aussi une sécurité raisonnable. Les associations professionnelles doivent aider leurs membres en établissant des directives et recommandations concernant les salaires et conditions de travail de façon à ce que les infirmières reçoivent un revenu adéquat et vivent dans des conditions économiques satisfaisantes.

Prenant la parole, Mademoiselle Creelman, directrice de la section du nursing à l'Organisation Mondiale de la Santé, souligne en effet, que les salaires des infirmières dans le monde sont inadéquats et n'attirent aucunement les jeunes vers la profession. Dans sa conférence, elle ébauche les points de similarité qui existent dans le nursing, qui au fond est le même dans le monde entier, ce sont les conditions sous et pour lesquelles les soins du nursing sont donnés qui diffèrent. En concluant, la conférencière fait remarquer qu'il y a un manque de personnel en nursing à tous les échelons et que malheureusement à cause de cela souvent les infirmières doivent accepter des responsabilités administratives sans en avoir la préparation suffisante.

Les deux conférencières après avoir parlé du nursing dans le monde actuel et dans l'avenir, s'accordent à dire que l'esprit de coopération internationale édifié par les infirmières de tous les pays constitue la contribution et la part de la profession à et pour la paix mondiale.

Mercredi

"Une once de magie," séance sur la prévention des accidents. Les sept membres du panel dirigé par Monsieur Gordon Hawkins, assistant-directeur de l'Association Canadienne de l'Education de l'Adulte, ont présenté des travaux tout à fait instructifs et intéressants. Leurs exposés ont démontré tour à tour les hauts taux d'accidents qui surviennent au Canada, soit à l'hôpital, à domicile ou ailleurs, les mortalités et infirmités qui en découlent et quels moyens il faut prendre pour réduire ces taux élevés.

Le docteur Jules Gilbert souligne que la prévention des accidents est la responsabilité des services gouvernementaux et privés et que le manque de coopération entre ces deux genres

de services est la cause principale de l'échec constaté dans la lutte entreprise contre ce fléau.

Les questions venant de l'auditoire et posées aux divers membres du panel ont démontré l'intérêt des infirmières vis-à-vis ce problème de prévention des accidents et leur désir sincère de coopérer aux programmes à l'étude ou à ceux déjà établis.

Mercredi après-midi, les infirmières sont libres. Plusieurs se sont déjà inscrites pour visiter les hôpitaux et les organisations de l'endroit qui nous ouvrent largement leurs portes. D'autres se joignent à leurs compagnes dans l'un ou l'autre des tours organisés soit au collège de la défense civile à Arnprior, soit à Cornwall pour observation du projet de canalisation. D'autres encore, visitent la Capitale et au parlement, elles voient nos représentants messieurs les députés réunis en assemblées pour étudier les problèmes du jour et défendre les intérêts et les droits de tous les citoyens canadiens.

Ces quelques heures de loisir bien méritées apporteront aux infirmières repos et détente. Demain elles reprendront leurs activités et travailleront de nouveau à la solution de leurs problèmes.

Jeudi

Le nursing et l'actualité. Comment l'infirmière peut-elle mieux se tenir au courant des développements et de l'avancement de sa profession, si ce n'est par la revue professionnelle? C'est de ce sujet que nous entretiennent ce matin les membres du panel.

Madame A. I. Mac Leod, convocatrice du comité de rédaction de la revue de l'Infirmière Canadienne fait rapport des principales activités et souligne les principaux changements apportés à la revue durant ces deux dernières années. La croissance actuelle de la revue et l'expansion envisagée pour l'avenir, jointe à l'intérêt manifesté par les infirmières sont d'un grand encouragement pour la rédactrice et le comité qui s'efforcent d'offrir à leurs lectrices des articles de fond conformes à leurs besoins et à leurs goûts.

D'après entente avec les associations provinciales, les membres de neuf des dix provinces reçoivent mensuellement la revue. Si, à son tour, l'Association des Infirmières de la Province de Québec décide d'incorporer le coût de l'abonnement dans sa cotisation d'affiliation, les infirmières de cette province recevront elles aussi, la revue de l'Infirmière Canadienne. Une édition française contenant essentiellement la même matière serait émise pour les membres de langue française. La revue vise surtout à refléter la pensée et des points de vue communs à toutes les infirmières canadiennes, elle coordonne les efforts de toutes en vue d'assurer un meilleur service à tous les citoyens du Canada.

Le tirage actuel de quarante mille est significatif et l'on peut dire que c'est quasi la réalisation d'un des objectifs des rédactrices à savoir: de faire de la revue "L'infirmière Canadienne" un élément vital de la vie professionnelle de chaque infirmière en lui apportant un matériel d'information étroitement lié à son propre travail quelque soit le champ d'activité qu'elle ait choisi.

Les autres membres du panel apportent leur contribution à la discussion et répondent aux nombreuses questions demandées par l'assistance.

Le conférencier invité Monsieur John Bird, démontre l'importance qu'il y a pour la profession d'avoir une bonne publicité et de bien renseigner le public de façon à ce qu'il comprenne mieux comment les infirmières aident à la solution des problèmes de santé et servent la nation tout entière.

Le Ministre de la Santé, Monsieur Monteith, s'adressant cet après-midi aux infirmières leur rappelle le rôle et la contribution qu'elles doivent apporter au nouveau programme d'assurance hospitalisation. Aucun programme de santé ne saurait être réalisable sans la participation des infirmières. Dans une mise au point, il précise le rôle des gouvernements fédéral et provinciaux et insiste surtout sur la grande initiative laissée à ceux-ci en ce qui concerne les changements à apporter dans le domaine de l'éducation des infirmières et des services du nursing. Le programme national d'assurance hospitalisation sera certes un avantage pour les infirmières car il placera les hôpitaux dans une meilleure situation financière.

Puis, concernant ce programme, il insiste sur le rôle d'éducation que rem-

plira l'infirmière auprès du public afin de prévenir les abus de toutes sortes et corriger les fausses interprétations qui en seraient faites. "Personne ne soutient que le plan est parfait, mais après une période d'essais, nous pourrons apporter les changements nécessaires."

La conférence du Ministre de la santé est suivie d'une séance sur l'hygiène mentale, horizons nouveaux. Le président du "panel" le docteur A. Mac Leod, avec l'animation que nous lui connaissons, présente le sujet: Comment l'infirmière sait-elle appliquer à elle-même et dans son travail les principes de l'hygiène mentale? Les travaux présentés sont concrets et vivants, l'auditoire intéressé est à maintes reprises détendu par les remarques du président, qui dans sa synthèse, pointe vraiment des horizons nouveaux dans le domaine de l'hygiène mentale.

Vendredi

Forgeons notre avenir, séance sur l'éducation des infirmières. Mademoiselle Mussallem donne un rapport détaillé du projet-pilote d'évaluation des écoles d'infirmières. Dans des termes clairs et concis, elle expose le projet, ses objectifs, les méthodes employées pour le rendre à bonne fin, ses progrès, et l'influence qu'il aura dans l'avenir.

Les membres du "symposium" nous présentent tour à tour, la philosophie de l'éducation en nursing, ses objectifs, ses critères, ses principes et son curriculum. Divers points de vue sont exprimés par des représentants de divers groupes, médecins, administrateurs d'hôpitaux, directrices de service de nursing ou de programme d'éducation.

Soeur Denise Lefebvre dans la synthèse, insiste sur l'importance qu'il y a pour chaque école d'infirmière, de bien définir ses propres objectifs et critères, d'avoir une faculté du nursing et un personnel enseignant bien qualifié, de reviser et d'évaluer périodiquement le programme d'étude. Dans l'éducation des infirmières, il faut faire face aux besoins présents et futurs et considérer le tout pour rendre meilleurs les soins donnés aux patients.

La séance de vendredi après-midi, est consacrée aux rapports des scrutatrices et au comité des résolutions. Déjà quelques-unes de ces résolutions ont été citées antérieurement, soulignons tout simplement celle concernant le plan de pension. Depuis longtemps l'Association des Infirmières Canadiennes voulait adopter un plan de pension auquel pourrait se joindre toute infirmière le désirant. Le plan présenté est similaire à celui adopté par l'Association Médicale Canadienne et peut s'adopter sous deux formes, des détails vous seront bientôt communiqués par votre revue.

La présidente remet ensuite le titre de Membres Honoraires à quinze infirmières qui se sont distinguées dans le domaine du nursing et ont influencé les destinées de l'Association à un moment ou l'autre de son histoire. Citons parmi les récipiendaires, Mademoiselle Bridges, Mère Allard, r.h., Mesdemoiselles Emory, Simpson, Halpenny, Russell et quelques-unes d'autres.

Le congrès d'une semaine se termine ce soir par la conférence en souvenir de Mary Agnès Sniveley. Monsieur C. D. Shepard, d'Ottawa, commissaire en chef de la Commission des Transports, en l'absence du Docteur Stuart Stanbury retenu à la maison pour cause de maladie, a lu l'allocution préparée.

Après remise d'un cadeau souvenir à Mademoiselle Daisy Bridges, Mademoiselle Trenna Hunter, présidente sortant de charge, procède solennellement à l'installation des nouvelles dignitaires et remet entre les mains de Mademoiselle Alice Girard, présidente élue, les affaires de l'Association. Celle-ci remercie habilement l'assemblée de l'honneur qui lui est fait et reconnaît les tâches et les obligations qu'il comporte. Elle demande à toutes les infirmières de lui accorder entière collaboration, pour que durant ces deux années, elles puissent mener à bonne fin les destinées de l'Association, "j'ai *Foi* en l'avenir," dit-elle. Puis elle déclara terminée l'assemblée du cinquantième anniversaire de la fondation de l'Association des Infirmières Canadiennes.

Exhibit — Presse — Radio et Télévision

Infirmières, religieuses ou laïques visitent dans une atmosphère de cordialité les quarante-deux kiosques de

l'exhibit, discutent avec leurs représentants et se familiarisent avec de nouveaux produits sur le marché. Dans une atmosphère agréable, il y a échange de considérations selon l'expérience et les besoins de chacune.

La presse, la radio et la télévision ont aidé à la bonne publicité de notre Congrès et c'est avec plaisir que tous les soirs nous retrouvions dans les journaux photos et compte-rendu des activités de la journée. Durant quelques jours, les infirmières ont tenu la vedette dans la presse canadienne.

Activités sociales

Pour le plaisir et l'agrément des congressistes, de nombreuses activités sociales ont été organisées, tours, déjeuners, visites et réceptions dans les industries sans oublier les deux représentations du pageant.

Des déjeuners organisés pour grouper les infirmières intéressées tout particulièrement dans un domaine ou l'autre, ont été des mieux réussis. Les conférenciers à chacun de ces déjeuners ont traité divers sujets entre autres, les relations humaines, les qualités de l'aptitude physique, etc.

Le déjeuner organisé pour fêter les anciennes présidentes a été particulièrement populaire. La salle était déjà comble alors que des centaines d'infirmières se pressaient encore à la porte pour se voir refuser l'entrée. Mademoiselle Charlotte Whitton, d'Ottawa, était la conférencière invitée.

A la réception de vendredi soir, toutes les congressistes étaient les invitées des Infirmières de l'Ontario, la présidente, Mademoiselle Girard alluma les chandelles de l'énorme gâteau préparé et décoré pour la célébration du cinquantième anniversaire. Dans une note de gaîté, c'est l'échange d'au revoirs et de projets de rencontre à la prochaine assemblée biennale.

Ayons "Foi en l'avenir" et espérons nous retrouver toutes à Halifax en 1960.

What kind of drivers are women? Are they as bad as the average male surmises or are they more careful drivers, in terms of accidents and fatalities? Statistics reveal that of 46,300 drivers involved in fatal accidents in the U.S. in 1955, 42,040 were men, only 4,260 were women. In 2,334,500 non-fatal accidents, women were driving in 340,840 instances. That record isn't one to boast about, it is true. But it would appear to release womankind as a whole from the oft-heard masculine sneer: "Bah! A woman driver!" — Dr. A. L. Goodhart, K.B.E.

* * *

Accidents constitute a particularly serious hazard in a number of occupations. As might be expected, the threat of accident is especially serious for those who earn their livelihoods as aerialists, automobile racers, experimental test pilots in aviation, caisson workers under high atmospheric pressure, steeple jacks, and flagpole workers. Also, many of the jobs in the logging industry are fraught with risk of serious injury; coal mining is a relatively hazardous industry, and pilots who spray, dust, or seed crops from planes are subject to a variety of hazards.

—Metropolitan Information Service

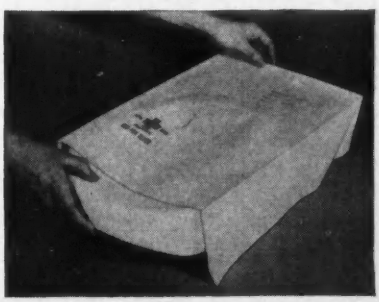
* * *

An identification card for the protection of patients on long-term anticoagulant therapy is now available to physicians. Designed as a wallet insert it points out that the bearer "is being treated with anticoagulants which slow down clotting of the blood." In case of emergency — bleeding, injury or illness — the card advises that a doctor should be called. There is space for the name, address and telephone number of the individual's doctor, the kind of anticoagulant prescribed and the patient's blood type.

— American Heart Association

* * *

A new flushaway bed pan cover has been introduced. The material is a light weight tissue made in a form that covers the top, sides and one end of the bed pan. The bottom is left uncovered. Samples are offered upon request by the Klean-Kan Bag Co., 64 E. 8th St., New York 3.



Open Heart Surgery Using Total Cardiopulmonary Bypass

J. W. Hinson, J. M. Coleman, H. Cotter, A. M. Wilde
and J. C. Callaghan, M.D., F.R.C.S. (C).

Introduction

The following report is based on the first sixty consecutive patients subjected to direct vision, open heart surgery at the University of Alberta Hospital Cardiovascular Surgical Unit, Edmonton, Alberta, since September 1956.

An attempt has been made to correlate the preoperative preparation, pump organization, operative technical features and postoperative nursing management in this report.

Preoperative Routine

For surgical repair of cardiac abnormalities requiring the use of the "heart-lung" pump, the patient is admitted one week prior to surgery. Children are admitted to the pediatric division, while adults are received on the thoracic and cardiovascular surgical ward. These seven days are spent assessing the patient and preparing him, mentally and physically, for surgery.

On a previous admission, diagnostic procedures such as cardiac catheterization, ear oximetry and phonocardiograms have been done. The laboratory tests include a complete blood count, platelet count, hemoglobin and hematocrit and a complete urinalysis with a microscopic examination. Also important are CO_2 combining power, serum electrolytes of chloride, sodium and potassium, urea nitrogen, serum proteins, prothrombin time and plasma fibrogen. These tests determine fitness for surgery as well as providing a comparison for the postoperative period. A.P. and lateral chest x-ray, electrocardiograms and photograph of the face and hands are included in the preoperative work-up. An electroencephalogram is done to determine convulsive tendencies and anticonvulsant therapy is started if indicated.

The nursing care at this time includes: a Phisohex scrub to the anterior chest three times daily; the temperature, pulse and respirations are recorded every four hours; weights and blood pressures are taken daily; preoperative chest physiotherapy is started. The patient is taught to use the intermittent positive pressure breathing apparatus. Antibiotic regime is commenced at least 48 hours preoperatively.

The evening before surgery, the patient is transferred to the Cardiac Recovery Room. This ward contains two beds and a crib, a nurse's desk and telephone, fully equipped cupboards for linen, sterile supplies and drugs, a humidifier, a dressing wagon and an electrocardiograph machine. Emergency equipment includes a bronchoscopy set-up, sterile tracheotomy, cut-down and thoracotomy trays and anesthetic supplies. If emergencies arise, the room is equipped in every way to meet the need without leaving the patient's bedside.

The patient is familiarized with his new surroundings and is given simple explanations concerning the various unusual aspects of the room. The relatives are given information regarding the postoperative appearance of the patient with explanation of the croupette, chest drains, the Levine tube and the cut-down in the ankle for blood replacement. They are also forewarned that only brief visits will be allowed during the acute postoperative period.

In addition to the usual preoperative enema and bedtime sedation, a skin

This article was written by the outgoing and incoming charge nurses of the Thoracic and Cardiovascular Ward, the incoming and outgoing graduate nurses associated with the Heart-Lung Pump, in collaboration with Dr. Callaghan. It describes work being carried on at the University of Alberta Hospital, Edmonton, Alberta.

preparation is done from ear lobes to heels. Incisions into the right brachial artery and vein, into a femoral artery in the groin, and a cut-down in the ankle, as well as the bilateral thoracotomy incision require this extensive skin preparation.

At 7:00 A.M. on the day of operation, the preoperative sedation, the antibiotic and anticonvulsant medications are given parenterally. The patient is accompanied to the operating theatre by two of the six Cardiac Team nurses. One of these nurses assists in the calibration and priming of the pump, while the other records all details of the operation, including blood loss and replacement, pH values, the pressure readings of the various chambers of the heart and pulmonary artery taken at operation and the length of time on bypass.

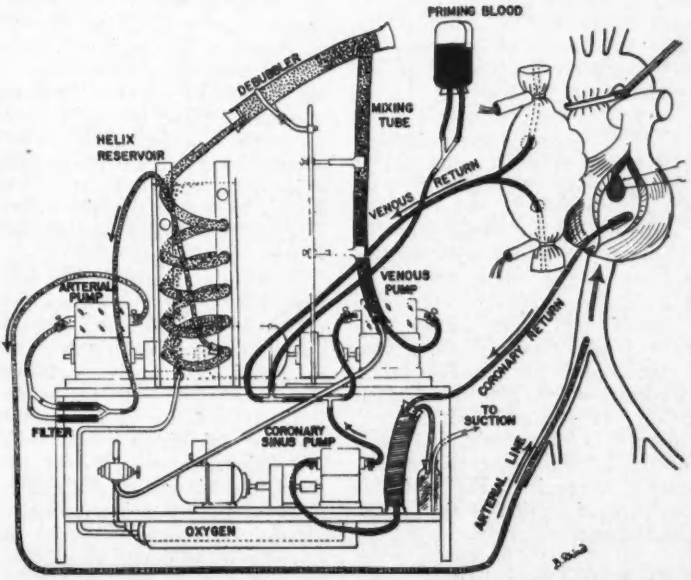
Pump Preparation

The method of cardiopulmonary bypass presently in use at the University of Alberta is that developed by Drs. Lillehei and DeWall, at the University of Minnesota. It consists of a pump unit* which propels the blood through the oxygenating system and the patient's circulation. Oxygenation of the blood takes place in a plastic bubbling chamber and enters a plastic defoaming chamber which is designed to remove the bubbles prior to re-entry of the blood into the patient as shown in picture number 1. All plastic tubing is made of polyvinyl, manufactured as "Jayon Tubing."† This tubing is connected to the venae cava on the venous side and to the femoral artery on the arterial side. Once heart contractions are electively stopped by the use of acetylcholine and the heart has been opened for repair, a separate suction is utilized to remove and feed into the venous side of the pump any blood which still enters the heart.

The maintenance, calibration and operation of the pump oxygenator is the responsibility of a specially trained nurse and a technician. The polyvinyl tubing used for transporting, storing, oxygenating and debubbling the blood is discarded after each operation. It is measured, cut and assembled meticulously. Strict adherence to proper

*Manufactured by Sigmamotor Inc., 3 North Main Street, Middleport, N.Y.

†Johnson Industrial Plastics, 9-11 New Street, Toronto, Ontario.



Picture 1. The connectors between the oxygenator and the patient are shown in this drawing. The femoral artery is routinely used for arterial inflow.

sterilizing methods is necessary in order to prevent clouding of the clear tubing. Re-sterilized or improperly sterilized polyvinyl plastic becomes non-transparent and the blood cannot be visualized through it. Sterilizing is done at eighteen pounds pressure, 250° F. for twenty minutes; then vented and ejected for three hours for each individual case. The pump must be calibrated accurately at the rate of flow required for adequate perfusion. This is calculated from the patient's body surface. An approximate flow used for a two-year-old infant is 850 cc. per minute and for an adult weighing 120 pounds is 2530 cc. per minute.

Stainless steel connectors are used throughout the system. These are handtooled and immaculately polished which is necessary to prevent trauma to red blood cells and to platelets. Special attention is required for their maintenance. We prefer to clean them immediately following each operation in a polyethylene basin with Hemasol solution followed by Germa Medica, clear water rinsing, and drying with gauze.

The blood used to prime the pump system prior to a "bypass" contains heparin as the anticoagulant in place of the usual citrate solution. An average of 1500 cc. for an infant set-up, and 2500 cc. for an adult is required for this purpose. In contrast to the customary citrated blood, heparinized blood has to be collected within a day of its planned use and is warmed gently in an incubator at 37° C. three hours prior to operation. Additional citrated blood is available for the blood replacement done by the anesthetic team before "bypass," and for postoperative needs. The average total amount of blood used for a two-year-old child with a complicated lesion is 2500 cc. of heparinized and 1000 cc. of citrated blood. An adult with a similar lesion would require 4000 cc. of heparinized and 2500 cc. of citrated blood.

If more detailed technical information about the helix reservoir bubble oxygenator is required, the reader is referred to a publication by the originators of this method.[1]

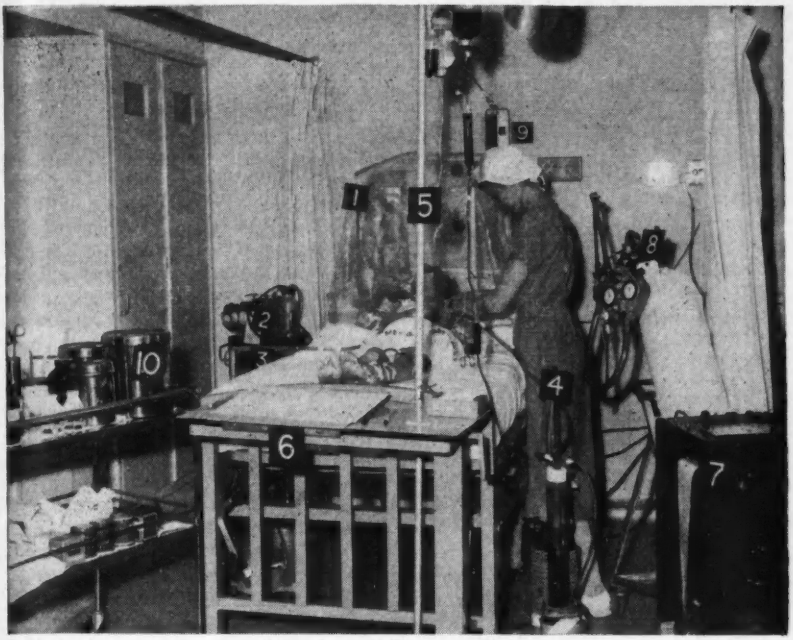
Operative Technique

The patient is brought to the operating theatre and a cut-down is performed under local anesthesia in an ankle. The largest possible polyethylene tube is inserted into the saphenous vein. Again, under local anesthesia, a cut-down is performed on the right brachial artery and accompanying vein. A fine polyethylene tube is inserted into each of these structures and attached to an electronic recording device that will monitor venous and arterial pressures throughout the operative procedure. The chest and both groins are then prepared with ether, iodine and alcohol solution and appropriately draped. Incision is made over the common femoral artery in the groin and this structure is isolated to provide the means of returning arterialized blood to the patient.

The chest is opened through the fourth interspace on the right and the third interspace on the left and the sternum is divided. This gives wide exposure of the heart and great vessels. The pericardium is opened by a horseshoe-shaped incision. Pressures are then taken in the right ventricle, the pulmonary artery, the left atrium and left ventricle if indicated. The manner in which the aorta and pulmonary artery leave the heart is examined to determine if there is a transposition of these structures. A purse-string suture is placed in the right atrium and the finger inserted to ascertain if there is an interatrial defect. The finger is then passed into the right ventricle in an attempt to feel an interventricular septal defect. A search for abnormal veins entering the heart is made. A tape is applied around the superior and inferior venae cava as they enter the heart.

When the diagnosis has been confirmed and all is in readiness, the patient is given 1.5 milligrams of heparin solution per kilogram of body weight intravenously. Catheters are then inserted through the purse-string in the right atrium and passed into the superior and inferior venae cava. These are attached to a connector and from there blood is returned via the venous pump to the oxygenator. A Bardiac** arterial catheter is inserted into the common femoral artery and the largest

**C. R. Bard, Inc., Summitt, New Jersey.



Picture 2. THE CARDIAC RECOVERY ROOM

1. Croupette
2. Tracheal suction
3. Gastric suction
4. Chest suction
5. Infusion of intravenous solution and blood replacement.
6. Blood balance sheets and record of vital signs.
7. Electrocardiograph
8. Positive pressure oxygen device
9. Blood pressure manometer
10. Instrument and dressing wagon.

diameter is utilized. The tip is passed upwards beyond the bifurcation of the aorta. Extreme care is taken in connecting this catheter and the line from the arterial end of the pump in order that no bubbles remain. The aorta has previously been cleared in order that a clamp can be applied and acetylcholine can be injected into the root of the aorta to stop the heart. Coronary suction lines are brought in from the pump. These are attached to special suction ends which are atraumatic to the blood.

The pump is started and the superior and inferior venae cava cable tapes are snugged down to redirect all the blood to the pump oxygenator rather than returning to the heart. When the anesthetist reports that the electroencephalogram is normal and the pump team reports that the venous return is adequate and that the level in the helix portion of the pump is stabilized, an incision is made into the heart. If an interatrial defect is the lesion, an incision is made in the right atrium and the interior of the right atrial chamber is examined. The interatrial defect is identified and closed with two layers of continuous interrupted 2-0 silk sutures. Care is taken on placing the last few stitches in the defect that no air remains within the left atrium. The last stitch is tied under a layer of blood. The right atrium is then closed, the superior and inferior cable tapes released and from that time on the patient has a normal circulatory system. No attempt is made to stop the heart in these defects as it is not necessary. Coronary sinus blood returning to the right atrium is sucked back into the pump system.

If an interventricular defect is present the same foregoing procedure is undertaken, except that a clamp is placed across the aorta and the acetylcholine is injected. The heart usually slows down immediately and then beats

a few beats for the first minute or so until it finally stops completely. The right ventricle is then opened, the interior explored and the defect identified in the ventricular septum. The defect is then closed by interrupted sutures of 3-0 and 2-0 silk if it has a good fibrous margin. If a patch is required a sheet of plastic Ivalon†† which has been compressed to one-tenth its normal thickness is applied by interrupted sutures of 2-0 silk. It is important not to injure the bundle of His, and to completely close the defect so that no residual shunt remains. After the patch is applied the clamp at the root of the aorta is removed to permit blood to return to the heart. The beat is usually resumed by the time the ventricular incision is closed. Care is taken to prevent trapping any air in the left side of the septal defect and all air is expressed from the right ventricle as the final stitches are placed.

If the aortic valve is involved a vertical incision is made in the aorta after the heart has been completely stopped, the valve identified and cut with scissors where required. The same is true of the pulmonary artery for pulmonary valvular stenosis. When all catheters have been removed, the patient is given protamine sulfate in the same amount as the original heparin. Hemostasis is then carefully undertaken since the risk of these patients entering a bleeding state in the postoperative period is unusual though always present. The chest is closed securely, with special attention directed to the sternum, utilizing heavy sutures of silk. Chest drains are inserted, one on each side of the chest. Prior to closing the chest, pressures are taken within the various chambers of the heart to ascertain if the hemodynamics of the heart have returned to normal.

Postoperative Care

After the patient has been placed on cardiopulmonary bypass, the Cardiac Recovery Room nurse returns to the recovery room. Here she assists the third member of the team who has remained to care for the previous case. An anesthetic bed is made using a waterproof bottom sheet covered by three plastic and three cotton draw sheets which enable any section of the bed to be changed individually. The croupette is placed at the head of the bed and connected to the oxygen wall jet. Distilled water is poured into the atomizer jar of the croupette.

A thermotic Gomco*** thoracic suction pump is situated on each side of the bed with the tubing ready to be connected to the bilateral chest drains. A specially calibrated flask with 10 cc. markings has been adapted to the thermotic suction. Gastric suction and nasal suction machines are also at the bedside. A floor to ceiling intravenous pole is placed at the foot of the bed, and a Fletcher flask is in readiness to aid in the accurate replacement of blood loss from the drains. An overbed table is nearby with the blood balance sheet and vital signs graph. Refer to picture number 2.

The last minute preparation includes turning on the thermotic suction pumps, putting ice in the croupette and starting the oxygen. Hot water bottles are placed in the bed and on the transporting stretcher. The stretcher is also equipped with an intravenous pole and portable oxygen. The anesthetist and a nurse from the Cardiac Team accompany the patient from the operating theatre.

The patient is placed immediately into the croupette, with a high concentration of oxygen and humidity. The Levine tube is connected to the gastric suction machine which is turned on "low." The connections of the thermotic suctions and chest drains are securely taped. These tubes are then "stripped" every five minutes to prevent the formation of blood clots in the drainage catheters, and to hasten drainage and full expansion of the lungs. Readings of the blood loss from the chest drains are taken every 15 minutes, and the replacement is then made with citrated blood during the next 15 minutes to keep a meticulous balance. A stopcock is placed on the

††Clay Adams, 141 East 25th Street, New York 10, N.Y.

***Gomco Surgical Manufacturing Co., 828 E. Ferry Street, Buffalo 11, New York.

cut-down tubing and five percent glucose in 0.2 per cent sodium chloride is given alternately with the blood to help keep the tubing open.

Although the systolic blood pressure is taken a minimum of every five minutes, it is recorded with the pulse and respiration rate every 15 minutes. If the rectal temperature is subnormal, hot water bottles and blankets are applied and a minimal amount of ice is used in the croupette. However, as soon as the temperature reaches normal, the extra heating is removed. The patient is nursed with only a thin cotton sheet for a covering and ice bags are used if indicated for elevated temperatures. Nasal suctioning is done when necessary to keep the airways clear and to stimulate coughing, thus helping to prevent atelectasis, The gastric tube is irrigated only enough to keep it open and the patient is allowed a few ice chips by mouth. An upright portable A.P. chest film is taken within 15 minutes of the patient's return from the operating theatre.

Meanwhile, blood for both arterial and venous pH levels has been withdrawn from the polyethylene tubings which were inserted into the brachial artery and vein at the commencement of the operation. When the pH values are normal, the tubing is removed and a pressure dressing is applied.

Demerol is given in minimal doses intravenuosly as required and as the patient's condition permits. Antibiotics and anticonvulsants are given as ordered. Sodium bicarbonate and sodium lactate may be given intravenously to counteract acidosis of the blood. Sodium iodide may be added to the intravenous to help liquefy secretions and to stimulate coughing.

The patient is placed in low Fowler's position and turned every two hours from side to side to facilitate chest drainage and expansion of the lungs. When the blood pressure has become stable and the chest drainage more serous, the vital signs and blood balance are taken every half hour. Not only is the color of the lips, nailbeds and ear lobes checked frequently, but also the muscle tone and "blanching" signs of the skin, e.g. the ability of the skin to return quickly to its previous color after being pressed.

If the progress of the patient is satisfactory, the vital signs are taken every two hours starting on the second postoperative day and continuing through to the seventh day. The patient is positioned in high Fowler's for short periods starting the second postoperative day and the croupette is removed during these intervals. When good color of the patient can be maintained without oxygen, the croupette is used only for high concentrations of humidity in order to loosen bronchial secretions. Coughing and deep breathing exercises are resumed by the physiotherapist as soon as the patient's condition permits. Support is given to the incision line with "splinting" of the hands. Intermittent positive pressure breathing is used when indicated to induce deeper inspiration and to decrease an abnormally rapid rate of respiration.

The Levine tube is clamped at alternate hours starting the first or second day and is removed when the patient has good bowel sounds and has passed gas per rectum. The cut-down is maintained with glucose preparations supplemented by parenteral vitamins B, C and K. This intravenous is run very slowly and the cut-down is removed on the second to fourth day as indicated by fluid and food tolerance. Diet is increased slowly, as tolerated, keeping liquids and salt intake at low levels during this period.

Frequent portable chest films are taken before the drains are removed to check the expansion of the lungs and the fluid level. The drains are usually removed on the first or second postoperative day. Antipyretics are given for elevated temperatures. Oral vitamins are given when they can be tolerated. On the third postoperative day, if the course of recovery has been satisfactory, an enema consisting of two ounces of sugar, two ounces of powdered soda bicarbonate, and eight eight ounces of warm water is given with the volume decreased depending upon the size and age of the patient.

The patient gradually becomes more aware of his surroundings and takes increasing interest in the visits by his family. Ambulation varies with the type of surgery performed. Those patients with atrial incisions only are often up with assistance seven days postoperatively and may be discharged

from hospital as early as ten to fifteen days. However, if the incision has been made into the ventricle for repair of ventricular septal defects or correction of Tetralogy of Fallot, the patient remains quietly in bed for two weeks, with discharge about one week thereafter. The single (or isolated) defect cases usually return to the children's ward or to the cardiovascular unit in one week, while the more slowly recovering multiple defects remain in the cardiac room for two weeks. Children are often transferred to the thoracic and cardiovascular surgical ward for a few days where the nurses have had similar experience.

The patients, whether children or adult, require a great deal of reassurance and tender care. There is a characteristic postoperative fatigue and often mental depression occurs, which must be taken into consideration. Despite these problems, the patient is encouraged to become as independent as possible before leaving the recovery room.

Certain features in the management of patients submitted to cardiopulmonary bypass have been presented. We hope that this study contributes to the increasing interest in this new field of surgical nursing.

1. The Helix Reservoir Bubble Oxygenator and Its Clinical Application by Drs. R. A. DeWall, H. F. Warden, C. W. Lillehei; pages 41 to 56, in the book Extracorporeal Circulation, Charles C. Thomas, publisher, Bannerstone House, 301-327 East Lawrence Avenue, Springfield.

Achieving One's Heart's Desire

OLGA SMUCZOK

I HAD TWO AMBITIONS — one to be a nurse, the other to attend a university. I achieved the first one, but never expected to manage the second.

I can hardly believe it has happened — but last May I graduated with a Diploma in Public Health Nursing, from Assumption University of Windsor — one of the very first graduates of its new Department of Nursing.

Back in grade school I liked the idea of being a nurse. In high school, this idea became a conviction. I went directly from high school to Grace Hospital, Windsor, and qualified as a registered nurse. Then I worked at the Metropolitan General Hospital, Windsor for one year as a salaried nurse. I enjoyed the double satisfaction of helping people and earning my own living. I lived at home and was able to save most of my salary. It did not take me long to realize that I had it in my power to make my second dream come true. When I saw a notice in a Windsor paper, advertising Assumption University's "New Courses for Nurses" — I knew this was it!

I chose the public health course for two reasons. I wanted to get out among the people who, perhaps, have most need of nursing services and I knew I would enjoy the teaching functions of a public health nurse. I hoped to join the Victorian Order of Nurses when I completed my studies.

So, last Fall, I became a student at Assumption University. The campus was very beautiful — the trees and lawns between the buildings, the ivy-covered old Dillon Hall looking like a miniature French cathedral; the inspiring sweep of the Ambassador Bridge over the Detroit river, linking Canada to the United States; magnificent new Essex College, home of the Science Departments; all gave me a sense of pride in being one of Assumption's students. It was strange, after nursing school's all-female community, to see groups of young men and, of course, the inevitable, companionable pairs of those obviously "going steady."

At first it was confusing, as it is to all freshmen, trying to find classrooms, to identify classmates and to crystallize first impressions. Miss Roach, Dean of Nursing, was exceptionally helpful and friendly, and soon we all felt at home. We were not a stereotyped group. There was Fran Corbett, straight from Grade XIII, and in the same age group as the freshmen in the Science and Humanities courses. She had had one year of study with this group. Now she will have three years in a hospital school of nursing,

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Miss Smuczok was a member of the first class of nurses to graduate from the new School of Nursing, Assumption University, Windsor.

Looking Back on Home Care

HAZEL I. MILLER, B.S.

EIGHT YEARS AFTER its inception, the Home Care Department of the Reddy Memorial Hospital, Montreal, is flourishing. Having been associated with it for five years, I am convinced that it is achieving the purposes for which it was established.

Basically it is unchanged from the original plan, although the years have brought about a few variations, as might be expected. The department was established as a means of meeting certain community requirements, as for example:

1. The need for more hospital beds.
2. The need for more nurses.
3. The need to provide adequate medical care, at minimum cost, for more people; particularly those suffering from long term illnesses.
4. The need to allocate hospital beds more equitably, so that persons urgently requiring specialized services, available only within the hospital, could have access to them.

The action usually contemplated in this situation is the building of more and larger hospitals. If populations were static, provision of new beds might eventually solve the problem, but in terms of our rapidly increasing population in Canada, something like 3000 more beds (1954 estimate) would be required annually. However, providing additional beds would only have accentuated our shortage of nurses and the cost of constructing these necessary additions would have increased the financial worries of an already overburdened Board of Directors.

Obviously some other means of meeting these needs had to be found. Since a basic principle of Home Care plans is the extension of hospital care to the patient in his own home, it seemed logical to expect that this sort of scheme might provide a solution to our problem.

The Reddy Memorial Hospital Home Care Plan, the first established in Canada, was officially opened in July 1950, one year and six months after application was made through the provincial government for federal funds to finance the pilot project.

Miss Miller, who was director of nursing at Reddy Memorial Hospital, Montreal, for many years, is now the director of nursing of the General Hospital, Kingston, Ontario.

ADMINISTRATION

The original administrative group was headed by a Comptroller, whose principal function was to act as liaison between the department and the provincial government. Once the plan was in full operation and the need for the government grant outgrown, the administrative structure changed and management of the department is now the responsibility of the Administrative Director, who is also Executive Director of the hospital. He is assisted by an Accounting Officer, (Comptroller of the Hospital) and a Medical Director, (Chairman of the Medical Board). The former is responsible for the separate accounts which record the finances of the department. The latter supervises the care of public patients and the work of the internes on the service. Private and semi-private patients remain under the care of their own physicians.

The Supervising Secretary, who is a graduate nurse is really the key person in the department because it is she who arranges all the details pertaining to the transfer of patients to Home Care and insures continuity of service to them. She obtains the patient's charts from the Medical Record Librarian, because the patients are considered hospital cases until they are discharged from the Home Care Department. She also consults with the hospital head nurses regarding the care given to the patients and their reaction to treatment. She is responsible for obtaining the doctor's orders, keeping the charts up-to-date and dealing with all requests from patients, once they leave the hospital. She keeps records of costs connected with medications, physiotherapy, laboratory services, x-rays, nursing care, etc. and these are submitted each month to the accounting officer. She orders all supplies and cares for all equipment used by the internes.

The Supervising Secretary, also arranges transportation for the internes and physiotherapists, planning the visits to minimize travel time and expense.

When the project was in the planning stage, the purchase of a car for the internes' use was considered, but the idea was rejected once it was realized that not all internes would be able to drive and very few would be sufficiently familiar with the city to drive themselves. Therefore, transportation arrangements were made with a local taxi company.

The Supervising Secretary also arranges with community visiting nursing associations, for the nursing care required by the patients. In Montreal this is purchased from the Victorian Order of Nurses for Canada, or Les Infirmières Visiteuses. Maintaining the quality of care is the responsibility of the supervisory staff of the visiting nursing organization, but very close working relations are sustained by the Home Care Secretary with the individual nurses assigned to each case, on such matters as the patients' progress, the need for additional equipment and supplies in the home, or arranging for the nurse to assist the interne or doctor with certain procedures.

The interne's duties are similar to those he performs in hospital. He works under the direction of the private physician or the Home Care Medical Director, and in addition to assessing the patient's progress, he orders or alters medications, changes dressings, obtains specimens for pathological examinations, does minor surgical procedures, gives intravenous therapy, and if x-ray examination is indicated, arranges to bring the patient to the hospital. On return from his visits, he is responsible for recording on the patient's chart all procedures performed in the home.

The physiotherapist continues whatever treatment has been prescribed while the patient was in hospital, with the exception of care given to rheumatic or arthritic patients. Because these conditions require long term treatment, such cases are referred to the Montreal Branch of the Canadian Arthritis and Rheumatism Society.

A Medical Social Worker, on a part-time basis, assists the Home Care Secretary and the attending physician. Her supportive role is invaluable in determining whether or not the patient is a suitable prospect for home care. She visits the home to evaluate its facilities and the situation there. She interviews the patient and family to determine their attitudes to the idea of home care. She is the liaison between patient, family, hospital team and community.

Both patient and family must be willing to accept the transfer, because if the patient fears neglect at home, or if the family members doubt their ability to provide adequate care — or indeed, harbor a fear of contracting the patient's illness — harm could result from the move.

On the other hand, the patient who becomes emotionally upset or suffers psychological trauma on enforced separation from the family, makes much better progress on home care. After all, one of the basic functions of the family is to provide support for its members in times of crisis, yet so often at births, deaths, or in illness, we separate them. The following case illustrates very well, how return to the family circle did wonders for a seemingly hopeless patient:

> A middle-aged woman developed peritonitis following surgical removal of her malignant uterus, and further surgical intervention was necessary. For nearly two months afterwards she had copious drainage from her incision. She became very depressed, could not eat, and lost weight steadily. One day she asked to be allowed to go home. On the basis of the social worker's findings, the doctor decided the home facilities were adequate, so the transfer was made.
>
> She received daily visits from the nurse and every other day from the interne for a month, then less frequently. Within a very short time there was remarkable improvement. He incision healed, she was soon able to be up and about. Gradually she assumed some responsibility for light household duties. She enjoyed visits from her grandchildren who contributed largely to her renewed interest in living. After three and one-half months, she was fit for discharge from Home Care.

Admission to Home Care

When the service was first inaugurated, it was felt that Home Care could be offered, only to patients with proper-

ly established domiciles, but experience has proven that an equally effective program can be provided for those patients whose only "home" is a boarding house, custodial institution or nursing home.

Paradoxically, not all patients with homes are suitable candidates for Home Care. As indicated earlier, some of the factors which determine suitability are:

1. The desire of the patient and family for care at home.
2. The medical condition of the patient.
3. The physical resources of the home.

Most patients are transferred to Home Care after a period of hospitalization. At least 24 hours notice from the attending physician is required by the Home Care Office, in order to finalize arrangements. Occasionally, when the specialized services of the hospital are not required in addition to medical and nursing care, patients are admitted directly to the Home Care Department. However, individuals who qualify for assistance under the Quebec Public Charities Act or the Cancer Grant are eligible for Home Care only following a period of in-patient care.

Scope of the Service

In contrast to many American schemes which offer Home Care service, either to indigent patients or paying patients, but not both, the Reddy Memorial Hospital plan is designed to serve all financial classifications and all categories of conditions. In spite of this, statistics show that the majority of our patients are long term, indigent cases, wih cancer and cardiovascular conditions predominating. The principal reasons for this seems to be:

1. Administrators of present day sickness insurance contracts including Blue Cross, have not yet been persuaded to extend benefits to medical and nursing care given at home.
2. Patients who have insurance coverage for illness, including doctors' fees, are understandably loathe to forego these benefits by staying at home.
3. Doctors find it considerably more convenient to visit several patients in the hospital than in widely separated areas of the community.

Time and distance, also impose certain limitations on our service. Thus, it is restricted to patients living on the Island of Montreal and usually within a ten mile radius of the hospital, although on several occasions, special cases have been visited as far away as 15 to 16 miles from the city.

Financing the Plan

Costs, which include such things as salaries, office supplies, transportation charges, medical, surgical and pharmaceutical supplies, x-ray service, physiotherapy and nursing care, were underwritten by The Federal-Provincial grant for the first six months. Since then they have been met by fees from the patients who are able to pay, or in the case of indigent and cancer patients, from provincial government resources.

Although the department does not receive an annual government grant, it can scarcely be considered self-supporting since, in common with all hospital-centred Home Care plans, it requires outside assistance for indigent patients. Fees collected directly from patients comprise only a small fraction of the total income.

Evaluation

Some of the advantages of Home Care plans in general are:

1. The patients have closer medical supervision than is usually possible in the home.
2. They have the security of knowing a doctor is available at any time, through the Home Care office.
3. They obtain hospital care in the familiar surroundings of their own homes at minimum cost.
4. They receive nursing care by registered nurses with special training in caring for the sick at home.
5. They can be re-admitted to hospital immediately, should the need arise, because of their priority claim on hospital beds.
6. They benefit from the therapeutic effects of being part of the family circle, participating in plans, discussions and disagreements. Even the latter may contribute to their recovery.

Summary

Looking back over the past eight years I think we can claim, with justifiable pride, to have achieved our

objectives. We may not have made a profound impression on the hospital bed shortage across Canada but our own bed capacity has been increased approximately 28 per cent, without the expense and inconvenience of constructing new beds and without the worry of having to find additional nurses.

Patients with long term illnesses are the exception in our wards, as our average stay per patient (eight days) can testify. Therefore we can make a better allocation of beds to those urgently needing them. Furthermore, with home care costs considerably lower than those of hospital care, I believe we have successfully demonstrated the possibility of providing adequate medical care, at minimum cost for all types of patients.

Educationally, the program provides excellent experience and a practical introduction to private practice for the internes, since ordinarily they see the patient, only in the hospital situation. This value is quickly recognized by the internes themselves. It could be similarly used in training medical social workers, and, in cooperation with the visiting nursing organization, as an educational experience for the undergraduate nurse.

Looking Ahead

As well as looking back, we should look ahead, and for the future, I personally hope occupational therapy and housekeeping service, to mention only two important adjuncts, can be included in our program, so that it may, in association with the hospital, make a greater contribution to a comprehensive rehabilitation plan for the community.

A hospital home care program requires neither new equipment nor personnel with specialized preparation. It is simply a matter of coordinating existing community facilities. Probably the most effective and most economical method of achieving our larger objective for patient rehabilitation, would be to procure the services of occupational therapists and housekeepers, etc., from already established programs.

In the Good Old Days

(*The Canadian Nurse* — August, 1918)

Paraffin tissue paper is recommended as an excellent dressing for burns, or when a material that will not adhere to the wound is required. In most cases the dressing need be changed only once in two or three days.

* * *

The demands for nurses are increasing so that we cannot keep up with them. As to how we are to supply the lack of nurses, we must do this in a way that will not lower our nursing standards.

* * *

In testing the taste of benzyl alcohol, it was found that a drop on the tongue produced numbness. Experiments proved that this drug caused anesthesia of the sensory nerves. It was used with success as an anesthetic.

* * *

Barbour's linen flax thread was recommended as surgical suture material in gastric and intestinal work. It was said to be stronger, smoother and a better product than the German suture thread that was now difficult to obtain. Another important point — it cost only 18 cents a spool.

* * *

Among applications received for membership in the C.N.A.T.N. was one from the Victorian Order of Nurses. An honorary membership was granted since it was pointed out that this was an organization of nursing and not of nurses.

Although still the most deadly of infectious diseases for children, whooping cough is on the retreat. In 28 countries all over the world, deaths from this disease dropped from 26,325 in 1950 to 10,376 in 1955. The highest death rate is among children less than one year old but it is in this age-group also that the descrease is most striking: from 7874 in 1950 to 1623 in 1955.

Whooping cough is unique among the diseases of childhood as it usually strikes and kills more girls than boys. — *World Health*

Your High Calling

F. W. Waters, Ph.D.

Editor's Note: Last winter a conference of directors of schools of nursing in Ontario was held at McMaster University, Hamilton. The following article is the address that Dr. Waters, Professor of Philosophy at McMaster presented. We are very pleased to have the opportunity of sharing this thought-provoking paper with directors of nursing everywhere.

You and I have one significant interest in common. We are both engaged in work with people. Of itself, of course, this could be a very disillusioning experience. It could make one cynical about human nature and shrivel his interest in service for mankind.

More than 2300 years ago, the Greek philosopher, Plato, in his famous dialogue, the *Phaedo,* was explaining how some people lose faith in argumentation and come to distrust all reasoning processes. To make his meaning clear he used an analogy which should be sympathetically understood by many workers with people. He told how some people become distrustful of men — 'misanthropists,' he called them, 'haters of men' — through being too uncritically trustful of them. The amateur philanthropist, for example, trusts a man who begs for help; he listens to his story, is moved by his hard luck, and loans him money, the man promising to pay him back. The man, however, turns out to be false and 'knavish' (to use Plato's word). The philanthropist is jolted, but hasn't learned his lesson. A little later he is caught again. After this has happened again and again, Plato says, "he at last hates all men, and believes that no one has any good in him at all."

Plato would understand, I think, why some today who work with people become blasé, cold and distrustful of everyone. He would say that probably they had had too soft and uncritical a regard for people. If they had made a more critical examination of the motives of men, if they had understood character better and looked more deeply into human nature, they could have met their problems more adequately.

Now this is something about which I may venture to speak — though with some trepidation. It has to do with some of the basic things in human nature. These are not psychological: I am not a psychologist and am not equipped to speak psychologically about how to deal with people. As a philosopher, however, I am interested in aspects of human nature that underlie psychological descriptions. It is about these things, that have to do with man as man, that I want to make some comments that may help to underline the importance and dignity of your service as a high calling.

The Worth of Persons

Some of the things that make yours a high calling are related to the fact that *your work is an educational one.* You are *directors of schools of nursing.* Your work with people is carried on within an educational setting or framework.

At once we might become involved in a discussion of theories of education. Such a discussion would inevitably lead us into the perennial debate — should persons or ideas be our central concern? Is our work as educationists one of transmitting ideas or is it the development of the persons of our students? Is our goal that of feeding to them as much information as they can absorb, or is it that of preparing them to handle situations, to work efficiently with every new case as it comes.

One's finding in that debate will likely depend, in part at least, on the kind of educational situation in which he is participating. The answer need not necessarily be the same for a department of philosophy and for a school of nursing. Whatever it is, it is not likely to be an 'either-or' choice of centre, either transmission or development, ideas or persons. Students can't be fitted to handle situations without being adequately informed; and the student informed with the best fund of ideas

will not be well trained if, at the same time, there has not taken place a development of personality that will ensure efficient application of those ideas.

I must leave to others the discussion of such a theme as it applies to your particular educational task. Like Socrates *(Phaedo)* I pass by such matters on which I am not informed, and speak of that of which I am certain. This certainty applies to your work *and* to mine. It is this. Our work can never be adequately done if we lose sight of *the importance and value of people* — in your case, of the persons of both your students and your patients. We must seek to retain, at the highest level, faith in the dignity and worth of persons.

This faith in the value of people cannot be maintained if we hold any partial view of man. Not only the uncritical confidence of the enthusiast, but the incomplete and inaccurate analysis of some scientific accounts may produce a low estimate of human nature.

Typical is the view that man is by nature a completely selfish being, seeking only the satisfaction of his own, individual interests. This may be called the Hobbesian view, after the great 17th century English philosopher, Thomas Hobbes, who strikingly set it forth in his classic work, *Leviathan.* What each man desires is good for him, said Hobbes, and he selfishly seeks it. As a result, universal war is the natural condition of man, and only some kind of social contract can prevent its actual outbreak. At heart man is selfish through and through, and whatever he does, no matter how seemingly altruistic, is really an expression of his selfishness.

This is a view, I find, which students like to discuss and which some try to defend. Indeed, it is an intriguing intellectual exercise to try to translate every activity, no matter how seemingly benevolent and sacrificial, into an essentially selfish act. Thus, a mother puts her child's good before her own, not because she is self-sacrificing, but because that gives her satisfaction and happiness. The philanthropist, the doctor, the reformer, the missionary have chosen their vocations because in these fields they can satisfy their desire for prominence, recognition and future reward. And of course, those in the nursing profession, while expecting little opportunity to gain material reward, yet select this calling as a means of serving their own egos.

Plato, in his dialogue, the *Republic,* used a parable to present this view, which was held by certain of his opponents. He told how a certain shepherd, named Gyges, in the service of the king of Lydia, was out in a storm in which an earthquake made a great opening in the earth where he was watching his flock. He descended into the opening and found there a large, hollow, brass horse. Looking into it he saw a dead body of more than human size, with nothing on but a gold ring. He took the ring from the finger of the body and went back up out of the cavern. Later, while sitting with his fellow shepherds around their fire, in fingering the ring, he happened to turn the collet. When he did so he became invisible, for his comrades talked as if he were not present. Then when he turned the collet into its original position he became visible again. "Now," said Plato's opponent, "imagine two such rings, one on the hand of a just or good man, and one on the hand of an unjust man. "No man," he said, "can be imagined to be of such an iron nature that he would stand fast in justice."

That is the estimate of man held by many, and it gets varied expressions. "Every man is a beast under the skin." "Every man has his price." "No man can be trusted; everyone will do evil or play you false, if he isn't watched."

There is no greater slander against our race than this. We must be cautious and critical in our dealings with men; any other attitude would be not just unscientific, but simple and childish. But we need to know that Hobbes and Plato's opponents haven't had the last word. Later analysis has found benevolence as native to man as selfishness. It may often be buried and out of sight; but altruism is as natural as self-seeking. Except we keep this faith in human nature and in the redeemability of its buried possibilities, our judgments will be warped, our own spirits scarred, and our service may become shallow and ineffective.

The great institutions dedicated to

human welfare would not have been established and perpetuated had men not believed in human worth. See the institutions represented in the list of speakers who have addressed this conference — department of health and welfare, schools and agencies of social work, departments of nursing education in universities, and hospitals of different kinds — all founded on the proposition that people are worth healing and redeeming.

The great benefactors of mankind have always had ample reason to judge people as selfish and disappointing, often reason to turn aside from them as irritating, filthy, ignorant, lowdown creatures, not worth the least that could be done for them. Certainly Dr. Schweitzer has had plenty of such pictures of man; so, too, had Dr. Scudder, the founder of the great Medical College at Vellore. But Lambarene and Vellore would never have been erected if Hobbes or Plato's opponents were right. These latter views are a slander and a mockery against mankind. Certainly any sound educational program can thrive only on the basis of the noblest estimate of the worth of people.

Working with People

Consider further that your work is a high calling, not just because it is with people, but because of its special character. *You are directors, not just of schools, but of schools of nursing. Your work is not only educational, but most literally vital, in that it has to do with people as living beings.*

I will not describe it as work with the bodies of people, for I know that in all hospitals, general as well as mental, you recognize that you are concerned with the whole man. His mental behavior as well as his physical functioning are taken into consideration, and your healing work doesn't leave out of account, either, the patient's environment, his family, work, and other social background. Your work is with man as a living being.

Nevertheless, I suppose the body with the wonder of its functioning, does stand for the livingness of man. Of course, I imagine that not always is it the wonder and beauty of human life that impress you. Often it is its ugliness; some of your most vivid impressions are of the diseased state of body tissues, the cantankerousness of the spirit or the weakness of the mind. The public generally forgets this. We see you, as directors, in the main, as "archangels of light, directing angels of mercy in white uniforms." I wouldn't change that picture in the least. We owe it to your profession to see you as manning the outposts of mercy motivated by compassion and lofty ideals.

Yet perhaps you have difficulty in recognizing yourselves in that description. I am reminded of a soldier in World War I who was invited to say something about the noble thoughts and lofty ideals that drove him forward in the hour of attack. "Well," he said, "I don't recall much, except that as I trudged forward through the mud, loaded down with rifle, ammunition and a shovel, I remembered that I had a tin of bully-beef in my haversack, and some hardtack in my mess-tin, and it wasn't a bad war after all."

A lofty idealism probably doesn't move you at all hours of the day and in every situation. It must be difficult, at times, to maintain faith in human nature, to believe in the dignity and worth of people. Beauty contests to the contrary, the human body and the human mind present an unattractive appearance a great deal of the time. Whether you are looking at masses of people swarming about a dusty marketplace in India, or a crowd of visitors pushing through the corridors of one of your own hospitals, it is hard sometimes to believe in the divinity of human nature and its destiny.

Could it be that the materialist is right after all? Is man, perhaps, no more than a highly complex combination of physico-chemical particles? This was the view of the Greek philosopher, Democritus, in 5th century B.C. Athens. It was worked up later by another Greek, Epicurus, and then the Latin poet, Lucretius, in his classic work, *On the Nature of Things.* It was a simple, self-consistent philosophy, easily understood, and, it was hoped, capable of being expressed in scientific terms. On this view, everything can be explained in terms of atoms, in motion, in space. It has since been dressed up in more sophisticated philosophies of materialism, but at heart it is the same interpretation of

the world and man in it. Nothing is left out of the range of this explanation. Whether it is a rock or a man, a star or a flower, the clatter of machinery or the Moonlight Sonata, it is just a particular organization of invisible bits of matter.

A student remained behind after one of my classes to talk about this philosophy. He began by saying that it seemed to him a reasonable and attractive explanation of things. He was perplexed about it, however; in fact admitted that he was "uneasy" about it, to use his word. It was a neat, understandable and seemingly rational account; but somehow he couldn't trust the commendation of his reason. In short, it was unbelievable; it didn't make sense.

Moreover, such a philosophy is unworkable. At least we don't live and work by it. If it were a workable philosophy, your program for these five days of conference would have been a very different one. Instead of addresses and discussions dealing with problems of personnel and organization, matters of personal relations and ideas in policy making and administration, you should have been reducing everything to physics and chemistry. You should have been studying the proper ways in which to shuffle and combine the atoms of yourselves, your students and your patients — to say nothing of the doctors and board members.

The fact is, we don't really believe a materialist philosophy. The patients are not just material bodies to be examined, analyzed and modified. They are not even simply biological organisms to be pruned and staked with the right kinds of chemicals. The student nurses are not clods to be manipulated, regimented and molded into more efficient nursing machines. They, and all of us, are self-conscious, self-determining beings, moral agents capable of seeking and appreciating the true, the beautiful and the good. We are beings with a certain kinship with that which is eternal and divine. As the great St. Augustine put it, we were made for God and communion with Him. I grant that what you see and what current events often reveal don't make it easy to believe this about man. The divine image is greatly marred; as Canon Barnett, a pioneer of the Social Settlement movement in London, England, expressed it, "this deeper and more spiritual side of man's nature is very much a buried life."

Yet, when we think it through, this is man's nature. And, as workers with people, we can never adequately fulfill our role except as we organize and carry out our work on the basis of this high estimate of man.

Leadership

I name, briefly, one other aspect of your high calling. This one resides in the fact that *you are directors* of schools of nursing. *Yours is the high privilege of leadership.*

Sometimes, I am sure, it doesn't seem like a privilege. It is more like a burden and a sacrifice. Leadership has its advantages; there are many compensations for its high costs. But the costs *are* high; it may be a hard and lonely course; the hours are long, the responsibility is never lifted, and so many of our personal relations must be less than what we would like them to be. You wonder sometimes whether the privilege is worth the cost.

Yet you probably chose this high road. Of course you were chosen for it because of efficiency in your work and personal qualities of leadership, initiative, and ability to get along with people. Nevertheless, you chose it, too even if you didn't seek it. And you probably saw then, more clearly than sometimes now in times of weariness and frustration, what are some of the opportunities of leadership.

Let me just remind you, in summary, of the values you know belong to your position. There is:

1. The privilege of multiplying yourself and your influence . . . It comes to comparatively few of the population.

2. The privilege of inspiring others with the high ideals of a great profession.

3. The privilege of serving the girls in the ranks from which you rose — of making their service both happier and more efficient and satisfying.

4. The privilege of serving a public that is so almost completely dependent on a highly specialized profession.

5. The privilege of serving as a leader in the great cause of human welfare.

Anyone of us feels at times the tininess of his contribution in a great cause. I recall the feeling of futility that often was mine as a private soldier in World War I. The war wouldn't have been lost if I had not been there; but neither would it have been won if I and many thousands of similar individuals had not been there.

But your rank is high. You are like battalion commanders in a great team. You may know the thrill of responsible leadership. Albert Schweitzer reckons it worth the application of his unique talents, even as a leader in a Forest Hospital, hidden among a backward people. I suppose that what catches the public imagination about him is the complete dedication of his genius-level gifts in a lowly place. Your leadership is no less important, as directors in the great teams working for the health, happiness and highest welfare of mankind.

Edwin Marjham has a few lines on the sublimity of man's task on earth that I think have special point when applied to your high calling:

> We men on Earth have here the stuff
> of Paradise — we have enough!
> We need no other stones to build the
> Temple of the Unfulfilled —
> No other ivory for the doors —
> No other marble for the floors —
> No other cedar for the beam
> And dome of man's immortal dream.
> Here on the paths of everyday —
> Here on the common human way
> Is all the stuff the gods would take
> To build a Heaven, to mold and make
> New Edens. Ours the stuff sublime
> To build Eternity in time!

"Idealistic tripe" some would say! What our day needs is not dreamy visions but a critical, realistic practice. True, we do need a healthy realism. But we shall never be genuinely and completely realistic except we take into account the ideal of what man could become.

(Continued from page 732)

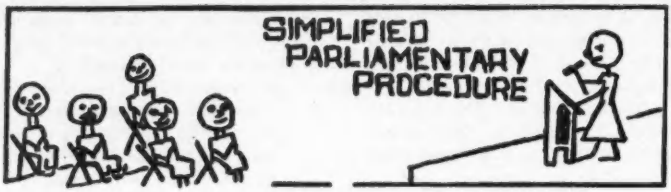
and finally one more year at Assumption, after which she will graduate B.Sc.N. This will enable her to teach nursing. Then there was Betty Gray — married and with two children. She graduated from St. Michael's School of Nursing, Toronto 14 years ago. Mrs. Gray, who no longer has to give all of her time and attention to her family, has found a way of being valuable to the community as well as giving her own life a new purpose. She has graduated with a diploma in Nursing Education, and will also teach nursing.

Betty Gray, Fran Corbett and I lived in our respective homes, but there were several students from other parts of Canada and even one from Portugal, who lived in the University women's residence. There were only 26 students enrolled in nursing this year. It will take a few years before the enrolment builds up, but meantime our group enjoyed the great advantage of small classes, and almost individual attention in the nursing courses.

We studied the Humanities with students in the Arts course and found a pleasant stimulus in the co-ed classes. We developed a new feeling of responsibility — the result of being treated as adults. The older ones among us were rather conscious of our age, at first, but it was not long before we felt just like "one of the others." All age groups fraternized freely over cups of coffee in the cafeteria. We had a Nurses' Club, and there were many other clubs and groups on the campus, for which we were eligible. Personally, my studies kept me very busy, and I only joined the Campus Anglican church group. We often attended the Saturday night intercollegiate basketball games. Those games really bring out the meaning of a university campus spirit — the thrilling sense of being a member, even an unimportant one, of a vigorous, growing company of people, knit by a common purpose, a friendly rivalry, a mutual hope of achievement.

The year at Assumption University went by very quickly. As graduation day approached, I had mixed feelings. I was proud to be one of Assumption's first nurse-graduates, but I regretted leaving a place I had grown to love.

An electro-magnetic cast recently patented can be removed at the flip of a switch. It consists of a bag of loose metal particles in a basket-like frame which is packed around the injured limb. After the fracture is set, a switch is thrown and the metal particles stiffen into a magnetized mass. For examination or massage the cast can be removed by simply turning off the current and demagnetizing the particles. —*Globe and Mail*



VIII Committees and their Work

COMMITTEES FORM the very essential working force of most associations. The greater part of the actual work of the organization is in their hands. A large part of the agenda of a regular business meeting consists of consideration of the committees' reports. In concluding this series of articles, therefore, the values, formation and functioning of committees will be discussed.

What is a committee? The Oxford dictionary defines it as "a group of persons appointed to attend to some particular activity of an organization." That definition gives us, in capsule form, the "who, why and what" of committee activity. Let us explore them in more detail.

A GROUP OF PERSONS

In the bylaws of many associations, there will be found an Article that sets forth the manner in which committee members are selected or appointed, the number of members certain committees shall have, occasionally a definite recommendation regarding choice of the members. If no specific provisions appear in the bylaws, an association may choose the method of making appointments.

Committees may be elected by the association; they may be appointed by the president or by the executive. The president is wise to ask advice when appointing committees so that she may enlist the support and utilize the talents of a large number of members. What characteristics are essential in a good committee worker?

1. *Interest* in the particular tasks of the committee on which she is asked to serve.

2. *Willingness* to share actively in the preliminary thinking and planning as well as to participate in the actual work.

3. *Cooperation,* since committee activity is essentially team work. Each member must be able to work with all of the others. Probably her most difficult task will be to place the interests of the group and ultimately the association above her personal ambitions.

4. *Competence* for the work that needs to be done. We can all learn new methods but we work best when our knowledge and aptitudes match the tasks to be undertaken.

5. *Time* to do our share. Each of us can find time to do the things we really want to do, the things we are genuinely interested in doing. "I haven't time" is usually a feeble alibi for "I am not interested."

Changing committee membership: Interest stays alive and vital if the membership of a committee remains stable long enough for the assigned tasks to be accomplished but not so long that the individuals begin to feel bored or frustrated. To this end, committee members whose interest is slackening should be given other opportunities to participate. It is sound practice to replace a third of a committee's membership with new members each year.

The committee chairman: The cardinal principle of any chairmanship is that though she is the leader, the chairman is not the "boss." An integral part of the committee, she must remember always that she, personally, is not "a group of persons."

The chairman's function is to bring the committee members together regularly, then stimulate and guide them toward the objectives set for them. Not every person can lead in this fashion. In recognizing this fact the president will save herself future headaches.

The chairman must have sufficient

patience and understanding and a keen enough sense of humor that she can maintain her poise and equilibrium in the face of possible slow-moving developments. She must not allow activity to stall but neither must she override the members' right to free, democratic discussion before decisions are reached. One of the primary values of committees lies in the greater opportunity for informal discussion that is afforded the members.

To Attend To

Committee meetings can be made more effective and businesslike if an agenda is planned ahead of time. They should be arranged at definite intervals or with sufficient notice being given that all of the members can plan in advance to be present. It is helpful if notice cards are sent out indicating when and where the meeting is to be held and the chief items of discussion. Punctuality is an asset. If members know that a meeting will start sharp on time and finish promptly, they can plan other activities around that period.

It is advantageous to have one member of the committee act as secretary. She should record the business transacted at the meetings. Time is saved at the subsequent session if a copy of the minutes is sent to each member following the meeting. These minutes are also helpful to the chairman when she prepares her report for the assembly.

Some Particular Activity

There are two main classes of committees. Those that are *permanent — standing* committees; those that are *temporary — special* committees. The latter is appointed to perform some specific task that is outside the program of any of the standing committees. For example, a special committee might be appointed to take charge of the annual banquet of the association. As soon as its task is completed it is automatically dissolved.

A sub-committee is one appointed by either kind of parent committee to handle one specific aspect of the overall program. It has less scope and authority than the committee that sets it up. Occasionaly, a sub-committee may become a permanent part of a standing committee. For example, the finance committee might designate three of their members to serve as a bursary award committee to review applications and make recommendations. The sub-committee reports back to its parent committee, not to the association as a whole.

Terms of reference: Committees should be given specific instructions and information concerning the work expected of them. Before any new committee is set up it should be established that there is a real job or a definite problem that requires committee action and thought. The task should exist before a committee is created to work on it.

The following pieces of information should be given to a new chairman of a committee:

1. List of members.
2. A definite statement of the scope of the committee's work.
3. A statement of any policies, rules, instructions, decisions or resolutions of the association relating to this work.
4. All available minutes, reports and papers bearing on the work previously done by this committee.
5. Intimation as to how frequently a report is to be made and when.

Committee Reports

These should include the following information:

1. A statement of the purpose of the committee study or investigation.
2. The scope of the work accomplished, including a brief description of how the work was conducted.
3. Findings and conclusions.
4. Recommendations.

Resolutions to make the recommendations effective may be submitted with the report but should not be a part of it. The committee should agree upon the wording of all the resolutions necessary to carry out its recommendations. The chairman should submit them after her report has been presented. These resolutions should be acted upon individually.

After a committee report is given, it is subject to debate like any ordinary motion. If the discussion is lengthy or involved, the president may require that the report be considered section

by section or recommendation by recommendation.

A committee report cannot be amended by the assembly. It can be adopted as a whole or in part, or with exceptions or reservations.

Disposition of reports: Progress reports that are for the purpose of information only *are not adopted.* They are filed by the secretary and should be available for reference whenever they are requested.

If the information contained in a report is not satisfactory to the general membership or if it is felt that more work is required, the report may be referred back to the committee.

After a report has been thoroughly discussed, its adoption or rejection is voted upon. Recommendations presented separately are voted upon individually. But, recommendations that are incorporated in the report are automatically approved when the report as a whole is adopted. Since an affirmative vote makes any action proposed in the recommendations or conclusions binding upon the whole association, it is very essential that every member be alert and fully informed before she votes.

Ex-officio Membership

Frequently, the president is recognized as an ex-officio member of every committee. Since committees are essentially the working forces of the organization this ex-officio membership enables the president to keep herself informed, through the minutes she receives, of all the work that is being done.

However, if there are many committees this may become a very burdensome load on the president. In that event, it is a sensible practice for her to share the responsibility with the vice-presidents. The treasurer is the logical person to counsel the finance or the ways and means committee, for instance.

An ex-officio member has all the responsibilities and rights, including the privilege of voting, of any other committee member.

Ontario

The following is a list of the changes in the Ontario Public Health Services.

Appointments — *Phyllis I. Connett* (Kingston Gen. Hosp., Univ. of Ottawa) to City of Ottawa Board of Health. *Glennys (Mowat) Craig* (Royal Vic. Hosp., Montreal, Univ. of West Ont.) to Norfolk Co. Health Unit.

Margaret Bowie (Royal Infirmary, Glasgow, Scotland, Univ. of Edinburgh) to Northumberland and Durham Health Unit. *Agnes Keown* (Mater Infirmorium Hosp., Ireland, Battersea Polytechnic College of Technology, London, Eng.) to District of Kenora H. U.

Resignations — *Jean L. Bancroft* from Ottawa Dept. of Health. *Kathleen (Terrill) Marshall* from Northumberland and Durham H. U.

Lise Cusson and *Moira (Sobey) Hall,* from Ottawa Board of Health. *Doreen Appleton* from Lennox and Addington H. U. *Mary (Kernahan) Hefferon,* from Scarborough Board of Health. *Anne-Marie Quigley,* from York Co. H. U. *Katherine Schubert,* from Simcoe Co. H. U. *Donna Thompson,* from Welland and District H. U.

Nursing Sister's Association

Executive officers for the Toronto Unit are as follows: B. Seeds, past pres.; E. Beardmore, pres.; K. Christie, M. Bragg, vice-pres.; R. Peck, treas.; M. McElheran, sec.; Misses H. Hyland, J. Cowan, M. MacMillan, R. Austin, Mmes A. L. Philps, E. O'Keefe, R. Craig, L. Andrews, committee conveners; Dr. E. Moore, rep. to Agnes C. Neill Memorial Scholarship Committee; Mrs. B. Hanna, Miss M. Kellough, councillors.

The trouble with opportunity is that it generally comes disguised in hard work.

The Fertility of Mr. Flynn

HAZEL WALSH

"GOOD MORNING MR. FLYNN," I said blithely, and put the breakfast tray on the bed-side table, then proceeded to crank up the head of the hospital bed.

"What's good about it? Stop! That's too high."

I straightened and looked down for a moment at the dark-visaged man in the bed. He was a veteran of World War II, and had probably been quite handsome in his youth, and before the war had worked havoc on his mind and body. His left leg was amputated, and at intervals inflammation flared up in his right leg. We nurses found him a very difficult patient. At the moment he was giving us all a bad time. He was in a state of rebellion because the doctors had ordered him to be on complete bed rest to aid the healing in his plaster-encased remaining leg. There were a number of things I would have loved to have said right then — none of them particularly worthy of a plump, middle-aged graduate nurse! I just gritted my teeth, lowered the bed a little, adjusted the breakfast tray and left the ward.

Nearly a week elapsed before I saw Mr. Flynn again. Breakfast trays were once more in evidence, but this time I decided to by-pass the one labelled "Flynn." "How is our little sunbeam making out?" I asked the nurse who picked up his tray. She was a dainty girl with a pleasant manner, very popular with everyone.

"Oh he's fine. Behaves like a lamb now, excepting he doesn't want to get up."

"But he was griping about staying in bed, a week ago."

"I know. But now the only thing that makes him mad is when we want him to get up," and off she went.

As I passed down the ward I glanced toward Mr. Flynn's bed. Sure enough, there he was, sitting up in bed looking as amiable as you please. Certainly a decided change had taken place in a short time. As my eyes followed the nurse who had just arranged his tray, I guessed at the answer — he was in love with the girl!

Later I visited his bedside, and, after a short chat I had a twinge of doubt that it *was* love that had mellowed the man. I was not too old to realize that a victim of Cupid's dart would be more elated, perhaps restless. Mr. Flynn seemed very relaxed, and at peace with the world. During the day my thoughts kept returning to the man. The nurses' notes revealed that he was progressing favorably and mention was made of his cooperation in every way save the fact that he wished to stay in bed. The doctor, a stockily built, middle-aged man, who had been with the armed forces overseas, appeared unperturbed, when I told him that Mr. Flynn seemed disinclined to get up.

"Well there's no great rush, and anyway it's quite likely he's debilitated. God knows the poor devil has been through plenty. Give him lots of egg-flips."

The egg-flip treatment was easily carried out as the Flynns owned a chicken ranch. I had remembered from my last period of duty that his relatives often left new-laid eggs on his locker.

Another week went by and Mr. Flynn lay placidly in bed apparently prepared to stay there indefinitely. I still wondered why. One day I had an inspiration, and was sure that this time I had hit upon the most likely solution to Mr. Flynn's new amiability, patience and tolerance. He had made his peace with his Maker. Next evening, I was at the nurses' station attached to the ward, when the nurse who was responsible for administering the night sedatives to the patients walked in. She unlocked the drug cupboard and commenced distributing various pills and capsules in medicine glasses. "This Mr. Flynn," she remarked as she shook two yellow capsules from a bottle, "always says he doesn't need his sedative, but when I come back for the glass it's empty."

Miss Walsh resides in Vancouver, B.C.

"What!" I sprang from my chair, my lovely pipe-dream about Mr. Flynn shattered. That fool of a girl, a graduate nurse! She must have been warned time and time again against leaving dangerous drugs for a patient to take alone. Either they were taken by the patient immediately or removed. Too many chronically ill and handicapped people, looking for an escape from their suffering, tried to save a portion of their regular sedative until they had a lethal dose. No wonder Mr. Flynn had stopped fretting and fuming. He could at any time escape from this world of pain.

As the enormity of her offence was made clear to her, the nurse stood horror-stricken. "Go this minute," I barked, "and look through his locker. Say you've mislaid something — say anything, but you'd better find that cache of drugs, and fast."

The search was fruitless so the matter had to be reported to the doctor. When he arrived I accompanied him to the bedside of Mr. Flynn.

"Well, how are you this evening?" the doctor greeted him.

Pretty good. Just a little weary, that's all."

The doctor took out his stethoscope, and as he made an examination I surreptitiously studied the patient, and was convinced he had a wary look in his eye.

"It might be a smart idea if you *did* get up for a short time," the doctor said, then added as he lifted the bed covers, "leg not bothering you at all?"

This time there was no doubt about the expression in the patient's eyes. They registered stark panic! He snatched the covers back and said hurriedly "It's fine, everything's fine." He was so perturbed that the doctor now had no doubt that there was something "up" somewhere — but what? There was an awkward pause, then in an embarrassed, rather shaky voice Mr. Flynn asked "Could I see Father Doyle before I get up?"

"Sure, sure," the doctor said and walked away. In the office he picked up his coat and hat, and there was a thoughtful frown on his brow. "Perhaps I should ask the psychiatrist to have a look at him," he said finally, then paused for a moment with his hand on the door handle "Don't forget to call the priest. I'll get in touch with Dr. Fletcher, and perhaps we may find out if that guy is cooking up something."

For the next few days I was acting supervisor of the ward, so was able to have a few words with Father Doyle when he came. He promised to help us if he could. He returned to the office half an hour later wearing an odd expression. Instead of answering my questions he more or less parried them. In exasperation I at last snapped "Surely you could say if you think he is contemplating suicide."

Not a muscle of the priest's face moved. He picked up his hat, then slowly, as though carefully weighing each word, said, "I don't think his life is in any immediate jeopardy, but his peace of mind is. It would help him if he knew he was to be permitted to stay in bed a few more days."

"But why? Can't you give me a clue?" I wailed. He shook his head "Call me if you need me," he said and departed.

I sat staring at the closed door, feeling completely bewildered. Here I was faced with a sixty-four dollar question if ever there was one. Had Mr. Flynn got religion, or a collection of sedative tablets? A few hours later Dr. Fletcher arrived. He listened to my report, then studied Mr. Flynn's chart. He was a tall, ascetic-looking man in his early forties, and his expression was always one of great solemnity. I escorted him into the ward, drew the screens around Mr. Flynn's bed, and left them.

I looked up expectantly when he re-entered the office, and was surprised to see a half smile on his face "The poor guy is worn out physically, that's all that's the matter with him. Of course he may be intending to jump the gun — who could blame him with all that disability — but I very much doubt it. He isn't the type." He looked at me quizzically, and I felt in my bones that he thought I was more in need of a psychiatrist than Mr. Flynn was.

When he left I sat moodily in my chair. Perhaps I was losing my grip. After all there was no positive proof that Mr. Flynn hadn't faithfully swallowed his capsules each night, and maybe his spiritual needs were helped by physical rest. I seemed to have

made rather a fool of myself over Mr. Flynn, I flushed as I recalled the twinkle in the psychiatrist's eyes, and the priest's sombre regard.

At nine o'clock in the morning two days later the routine work in the ward was being carried out. The rattle of wash-basins, and the light footsteps of the nurses could be heard as they attended to the patient's morning care. Suddenly a piercing shriek rent the air. I stood transfixed for a moment, then dashed toward the ward. "Get a suction pump, a Levine tube and syringe," I ordered a nurse and orderly who had appeared at the door of a service room. "To bed five," I called back over my shoulder.

I didn't have to be told what had happened, and to whom. In the few seconds it took me to reach Mr. Flynn's bedside I mentally consigned all psychiatrists — yes, and priests too, to perdition. Had I followed my own hunch this would never have occurred.

My first impression when I pushed away the bed screens, was that Mr. Flynn had gone berserk, and had attacked the nurse, as she was bending over clutching her mid-riff. He was sitting up in bed, with a fanatical grin of triumph on his face — but both hands seemed to be concealing something under the covers.

"What is the meaning of this?" I tried to sound in command of the situation, but my knees were trembling and my heart seemed to have hopped out of my chest and become lodged in my throat. As the nurse straightened, I could see she was uninjured, but was trying to control a fit of hysterics. She giggled helplessly and motioned toward the bed. At that moment the orderly arrived with the suction apparatus. Bolstered by his presence I approached Mr. Flynn. He showed no resentment when I turned down the covers, but sat there smiling, smiling! I gave a gasp, opened my mouth then closed it just in time to swallow the scream that rose to my lips. The orderly at my elbow stood gaping at what the bed covers had concealed, then ejaculated slowly "Holy cow!" It wasn't a cow! It was a little yellow chicken! It was cheeping away, its little beak poking out of the top of the plaster cast in which it had been hatched!

Instructors and students at the Hotel Dieu Hospital, Kingston, Ont. are discovering that a little drama in the daily routine is an excellent thing. Through its use morning circle has taken on a zest that stimulates everyone. The leading lady of each production is Mrs. Green, a silver-haired, highly cooperative "patient" with a perpetual gall bladder wound complete with drain. A balloon with the appropriate features sketched on forms her head and face. A hospital gown covers the plastic pillow trunk of her body with its typical gall bladder incision. The "incision" was prepared by using two strips of adhesive with the edges folded under. A willing intern did the suturing and inserted the drain. The usual dressing of gauze squares and abdominal pads plus adhesive tie tapes completes the picture.

With this simple teaching aid and imaginative use of role-playing, topics under discussion have assumed fresh interest and realism.

* * *

Freedom is a precious thing today. Those who have it cherish it; those who fear it, want to destroy it; and those who don't have it will still fight for it. —HARVEY C. JACOBS

The plant extract chlorophyllin may play an important role in speeding up the healing of infected wounds by locally inhibiting the fibrin-clotting mechanism. Investigators report that sodium-copper chlorophyllin inhibits the conversion of fibrinogen to fibrin before clotting occurs. Fibrin is considered to hinder the regression of infection by providing a chemical or mechanical barrier to phagocytosis. For example, certain strains of bacteria cause the clotting of blood plasma. This forms a protective wall around the bacteria and prevents phagocytosis. Fibrin also tends to increase the viscosity of the fluid of edema thus causing swelling in the area of inflammation. Fibrin-induced thrombi can obstruct blood and lympathic vessels depriving tissues of an adequate oxygen supply. Inhibiting the clotting action would do much to alleviate conditions that increase the severity of inflammation.

— *American Journal of Surgery*

* * *

The first surgical instrument factory as such was founded in 1868. Until that year, armorers and blacksmiths made instruments for individual surgeons as they were required. — *Hospitals*

RESEARCH

The Cost of Nursing Education Programs

IN JANUARY, 1958 the Board of Administration of the Centralized Teaching Program for Nursing Students in Saskatchewan attained an objective that had been set at the inception of the program — a cost study of basic nursing education programs in the province. The project was initiated mainly to provide an answer to the oft-heard query "How much does it cost to educate a nursing student?" It was hoped that one of the by-products of the study would be the establishment of cost accounting systems for all of the schools of nursing in the province and that eventually comparable costs for nursing education in these schools would be available.

There were, as well, certain subsidiary purposes for such a study. It had been intimated that students in some schools of nursing were being exploited. The results of a cost survey would show if this were the case. In addition, whenever attempts were made to improve existing programs in the province and funds were requested, invariably the question of what it presently cost the hospital to educate a nursing student arose. A definite answer to this persistent query would undoubtedly make it easier to solicit and obtain financial assistance.

It was felt that information in three different areas would be necessary.

1. The financial results from the operation of a nursing education program in a three-year hospital-conducted school of nursing, after charging thereto all direct costs and expenses as well as those expenditures incurred through indirect contribution of departments.
2. The annual average cost of educating a nursing student in *each* of the 10 schools of nursing in Saskatchewan.
3. The annual average cost of educating a nursing student in the province.

A Central Committee was named to devise ways and means of undertaking a cost study and to initiate first steps. Representation on this committee included the Saskatchewan Hospital Association, the Saskatchewan Registered Nurses' Association, the provincial Department of Health and the fields of accountancy and business. The Executive-Secretary of the Centralized Teaching Program formed the liaison between the Central Committee and the Executive Committee of the Centralized Teaching Program.

The Central Committee was responsible for establishing the methodology of the Study. A sub-committee was named to deal with the problem of establishing a method whereby the replacement value of the nursing students could be achieved. When the tasks of these two committees were completed the Technical Committee put the study into effect.

METHODOLOGY

The method agreed upon was one in which every nursing student in the province was required to record the actual activities in which she engaged on the hospital wards and the time taken to complete them. Classtime was recorded and accounted for as a strictly educational part of her program. In addition, all those involved with nursing students in any way — directors of

nursing, supervisors, head nurses, staff nurses and dietitians — were to record any activity that involved them with the nursing students.

A time and activity form was designed which, when completed by the individual student, accounted for the required number of hours and minutes that she was on duty during the day. The form included even the minor recreational activities that the student on night duty might engage in briefly — reading, knitting, etc. The same form was completed by the other professional and hospital workers who were associated in any way with student instruction. Where a student was involved the staff member described the activity and indicated the time spent on it. Where service to the hospital was concerned, this was briefly indicated along with the time spent so that time sheets could be balanced at the end of the day.

A second form was drawn up, to be used in estimating the staff required to replace the nursing students. The head nurse or person in charge of the service completed one for each 24-hour period. The aim was to estimate the substitution staff requirements to give *equivalent* care or service. At no time was the hospital to estimate optimum staff requirements. This form, it was hoped, would be used eventually to determine avoidable costs — those costs added to the hospital expenses as a result of carrying on nursing education activities.

A pretest run put the stamp of approval on the method of the study and the forms to be used. Subsequent test runs in a large and a small hospital pinpointed certain minor problems and allowed for decisions before the final survey got underway.

The survey sampling periods were set for the months of November 1953, February 1954, April 1954 and August 1954. These particular times were chosen since April and November are usually months of average hospital occupancy, February, high occupancy and August, low. Teaching in the schools of nurses is at a high level during February, April and November and at a low level in August, a vacation month. A sampling period of one week during each month in each of the 10 hospitals was carried out. Records were compiled for a full 24 hours over a 7-day period during each sampling.

It should be noted here that this Survey was not designed to take *quality* of nursing care into account. This factor cannot be measured and is a variable. However, for the purposes of the cost study it was considered a given and unchanging factor.

Several other factors had to be rather arbitrarily decided to allow the study to proceed.

1. Affiliation periods in other institutions were classified strictly as nursing education. The costs incurred by the home hospital in providing this experience were taken into account and allocated to the cost of the school of nursing.

2. The value of lectures given by practising physicians and surgeons and other persons in the community could not be taken into account since these people gave their time gratuitously.

3. The entire preclinical period for nursing students was designated as nursing education. This had a bearing on later calculations.

The completed manual presents in detail the analysis of the accumulated information received. The study has presented the province of Saskatchewan with definite figures related to the cost of educating a nursing student in each one of the province's schools of nursing. There is a wide variation in these figures and care must be taken in interpreting them since they do not necessarily represent the true quality of education given.

Perhaps more important is the fact that the data thus assembled may point to specific areas of weakness in educational programs; to poor use of personnel; to clinical factors adversely affecting student enrolment in a school; to attainment or lack of attainment of high standards. Arising out of this study has come a definite recommendation that a study of the activities of basic nursing personnel — staff nurses, nursing assistants, nurses' aides, orderlies, ward clerks — should be given priority rating.

Time for study, further research and perhaps even some experiments in nursing education programs will be essential to identify what the information secured in this Study means in terms of nursing education and nursing service.

Eighteen tables provide a wealth of statistical information that will be of great interest and value to individuals or institutions contemplating a comparable study. The reproduction of these tabulations would be unjustifiably space consuming since to show even over-all totals might prove misleading. It is sufficient to report that a conclusive answer to the original query was obtained: "the average net cost to the hospital for a student enrolled in a three-year diploma program for the entire period spent in the school of nursing would be $684.00."

This review is based on "Cost Study of Basic Nursing Education Programs in Saskatchewan" by Lola Wilson, published 1958. Copies of this study are available from the office of the Saskatchewan Registered Nurses' Association, 400 Northern Crown Building, Regina, Sask.

Le Coût du Cours d'Infirmière

Lorsqu'en Saskatchewan les autorités gouvernementales et professionnelles décidèrent d'établir l'enseignement centralisé, l'on crut, avec raison, pouvoir déterminer le coût d'une école d'infirmières. Dix écoles d'infirmières participèrent au programme central, toutes les élèves devant recevoir le même enseignement à deux centres différents, durant le même temps. Les mêmes institutrices visiteraient les écoles-mères et pourraient jusqu'à un certain point aider à l'évaluation de l'enseignement donné dans chaque école (voir no. d'avril 1958, page 366). But de l'étude: déterminer le coût exact du cours d'infirmière; répondre à certaines critiques; présenter des faits lors de demandes d'octrois, subsides, etc. Organisation: Deux comités spéciaux furent formés: l'un pour déterminer les méthodes à employer, l'autre pour faire l'évaluation des services rendus par l'étudiante.

Les renseignements suivants furent jugés nécessaires:

1. Le bilan financier du fonctionnement d'une école d'infirmières pendant trois ans, comprenant les dépenses directes et indirectes;
2. Le coût annuel estimé pour l'éducation d'une étudiante-infirmière dans chacune des dix écoles inscrites au programme;
3. Le coût moyen de l'éducation d'une étudiante-infirmière dans la province.

METHODE

La méthode adoptée fut de demander à chaque étudiante infirmière de la province de noter tout ce qu'elle faisait auprès des malades et le temps requis pour accomplir chaque tâche. Les heures de classe devaient être exclusivement comptées comme partie du programme d'étude. A cette fin, des formules spéciales furent préparées et remises aux étudiantes; ces formules, une fois remplies donnèrent une idée assez exacte de l'emploi de leur temps y compris les heures de classe.

Le personnel chargé de l'éducation et de la surveillance des étudiantes: directrices du service du nursing, surveillantes, hospitalières, infirmières en service général, diététistes, furent également priées de noter sur une formule le temps qu'elles consacraient aux étudiantes, de façon que les formules puissent être comparées avec celles des étudiantes, à la fin de la journée.

Une seconde formule fut rédigée, devant servir à estimer le personnel requis pour remplacer les services des étudiantes par période de 24 heures. Le but de cette étude ne fut pas de déterminer la qualité des soins donnés.

Avant d'entreprendre cette étude, l'entente suivante avait été adoptée:

1. Les stages que devaient faire les élèves dans d'autres institutions que l'hôpital-école seraient considérés comme éducation, ainsi que toutes dépenses occasionnées par l'affiliation.
2. La valeur pécuniaire des cours donnés par les médecins, chirurgiens et certaines autres personnes ne devait pas entrer en ligne de compte parce que ces personnes donnaient leur temps gratuitement.
3. La période de probation devait être considérée uniquement comme éducation.

RESULTAT

Une fois toutes les données compilées, cette étude révéla certains points faibles dans les programmes d'éducation; un mauvais

emploi du personnel; certaines situations cliniques nuisant au recrutement des étudiantes; la réalisation ou la non réalisation de normes élevées.

A la suite de cette étude, on recommanda un relevé des tâches du personnel affecté au soin des malades — infirmières du service général, auxiliaires, aides, infirmiers, commis, etc., par ordre d'importance. On a conclu, de cette étude, que les trois années de cours de l'étudiante-infirmière dans une école attachée à un hôpital coûtent $684.00.

On peut se procurer le rapport détaillé de cette étude publié par Mlle Lola Wilson, à: Saskatchewan Registered Nurses' Association, 400 Northern Crown Building, Regina, Sask.

In Memoriam

Harriet B. Acton who graduated from the Royal Alexandra Hospital, Edmonton, in 1910, died in Medicine Hat, Alta., on May 18, 1958. She served overseas in the RCAMC from 1916-18 and was a district nurse with the Calgary TB Association from 1928-45.

* * *

Martha J. Anderson, a graduate of the Victoria Public Hospital, Fredericton in 1902, died there on May 7, 1958. She had served as a nursing sister during World War I.

* * *

Mary Ellen (Ross) Brereton who graduated from the Toronto General Hospital in 1904, died in Winnipeg on April 6, 1958.

* * *

Rosella Ann Comeau, a graduate of the Halifax Infirmary School of Nursing in 1956 died after a brief illness on April 5, 1958. She was a member of the nursing staff of the Digby General Hospital at the time of her death.

* * *

Margaret (Jackson) Darnell who graduated from The Mack Training School, St. Catharines General Hospital, Ont. died in London in February, 1958.

* * *

Helen (Bell) Dillman a graduate of the Toronto General Hospital in 1911, died recently in Toronto.

* * *

Mary Elizabeth (Somerville) Echlin who graduated from the Toronto General Hospital in 1898, died in Vancouver on February 23, 1958.

* * *

Isabelle Jane Lawrence who had nursed in St. Paul's Hospital, Vancouver and assisted in the Ladner district during the 1918 influenza epidemic, died on February 7, 1958.

* * *

Grace (Atkinson) Mace, a graduate of The Mack Training School, St. Catharines General Hospital, Ont. in 1897 died in Arizona on December 25, 1957 at the age of 84. She had been a missionary in Africa for many years.

* * *

Ruth Margaret McKinnon who graduated from Victoria General Hospital, Winnipeg in 1938, died on May 4, 1958.

* * *

Edna (McKinnon) Mitchell, a graduate of the Toronto General Hospital in 1922, died in Victoria on March 14, 1958.

* * *

Violet Peck, a graduate of the Royal Victoria Hospital, Montreal in 1917, died on May 28, 1958 in Kentville, N.S. Most of her professional life had been spent in private nursing.

* * *

Edna (Johnson) Rosher who graduated from Edmonton General Hospital in 1931 died on March 8, 1958 in Saskatoon.

* * *

Monica Shalla, a graduate of the Ontario Hospital, Hamilton in 1938 died in Saskatoon on December 8, 1957 after a brief illness. For the past five years she had engaged in private nursing.

* * *

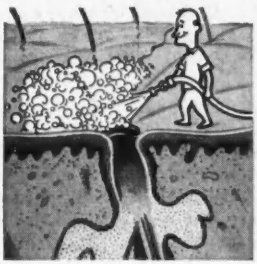
Edith (Franks) Stilborn who graduated from a Manitoba hospital in 1911, died in Victoria on May 15, 1958. She had served overseas with No. 8 Canadian Stationary Hospital during World War I and received the Royal Red Cross and a French decoration for valor in recognition of her distinguished record. In 1935 Mrs. Stilborn was awarded the silver jubilee medal for her contribution to nursing in general. For several years she was the registrar of nurses in Victoria.

* * *

Mary E. Stinson, a graduate of McKellar General Hospital, Fort William in 1908, died on May 7, 1958. She maintained an active interest in her profession throughout her life and was believed to be Canada's oldest practising nurse. Miss Stinson was in her 82nd year.

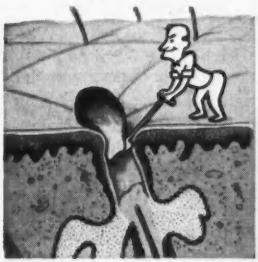
IN ACNE

Fostex® degreases the skin and helps remove blackheads

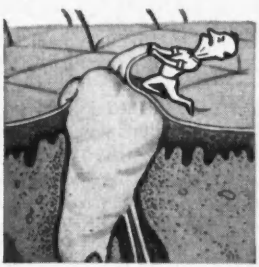


Fostex contains a combination of surface active agents (Sebulytic*) which:

◄ Completely emulsify excess oil so that it is quickly washed off the skin.



◄ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

◄ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

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FOSTEX CREAM
for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE
for maintenance therapy to keep skin dry and substantially free of comedones.

◄ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

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Nursing Profiles

Frances Beck has been appointed Director of the Nursing Service Division at ICN headquarters. She received her basic nursing education at Guy's Hospital, London and her sister tutor certificate from King's College of Household and Social Science. Later Miss Beck studied at Teachers College, Columbia University and qualified for her Master's degree.

She has been a member of ICN staff for some time, first as research assistant and then as assistant to the Director of the Florence Nightingale International Foundation. Later Miss Beck became assistant to the Director of the Florence Nightingale Education Division. Since 1957 she has been the Student Adviser and in this capacity helped to initiate the International Student Nurses' Unit approved by the ICN Grand Council in 1957. Miss Beck's present appointment will entail the development of the new division that she is to direct.

* * *

Yvonne Schroeder has been appointed assistant to the Director of the Florence Nightingale Education Division, ICN headquarters.

She received her basic nursing education at the School of Nursing of the University of Brussels, Belgium. Later she studied at Teachers College, Columbia University, obtaining her B.Sc. degree in 1952 and her Master's degree in 1954. For the past three and one half years Miss Schroeder has been at ICN headquarters first as research assistant to the Florence Nightingale International Foundation and later in the same role with the Florence Nightingale Education Division. Her knowledge of the organization and work of the Division will be used to good advantage in her present appointment.

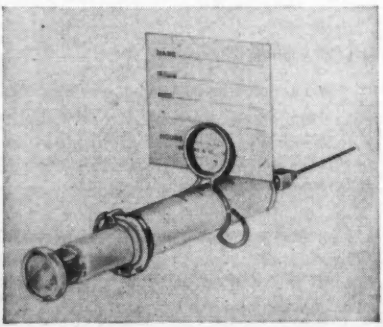
* * *

Marguerite Eva Schumacher has been appointed to fill the newly created position of Adviser to Schools of Nursing in Alberta with the University of Alberta. A graduate of the Victoria Hospital, Winnipeg, she obtained a bachelor of science degree from Western Reserve University, Cleveland, and later completed studies at Columbia University, New York City, leading to her Master's degree in nursing education.

Private nursing and general staff duty occupied her time briefly, before she became a ward supervisor at Grace Hospital, Winnipeg. There she rose successively to be clinical supervisor and, later, superintendent of nurses. More recently she has been a supervisor on the staff of the Winnipeg General Hospital, and, immediately preceding acceptance of her present post, she was the associate director of nursing education.

Since her work will entail considerable travelling about the province to reach the 12 schools of nursing in the area, this will help to satisfy her love of seeing new places and people. She also possesses musical ability that she has used to good advantage on former occasions in her contacts with people, and which will, no doubt, prove equally advantageous now.

Syringe card clips help to eliminate the danger of confusion in administration of hypodermic injections. A coil at the top of the clip holds the identification card. The clip presses into place around the barrel of the syringe. With the legs locked into position the loaded syringe is held in a level, sterile position on the tray with the needle free from contamination. The clip will last indefinitely without losing its tension.



Samples are available from Meinecke & Company, Inc., 225 Varick Street, New York 14.

* * *

A new disposable bath towel made of absorbent heavy weight wet strength paper towelling has been introduced. The stock is so strong that it can actually be wrung out. It is expected that these towels will appeal to industrial plants where showers are provided as well as to other institutions and country club swimming pools. A new low-priced white paper slipper can be purchased to accompany the towel. Both are available from B. H. Jordon Co., 64 E. 8th St., New York 3.

Provincial Association Activities

EARLY IN FEBRUARY, 1958 the Executive Committee of the Canadian Nurses' Association met in the Capital city. Each province gave evidence of a busy year during 1957 and from the reports it is possible to foresee some of the vital issues during the present year.

The Pilot Project on evaluation of schools of nursing has received wholehearted provincial support through financial contribution. This is certain to continue to be a matter of interest to nurses in every field.

Without exception every province planned or held institutes and conferences based on a wide variety of subjects that attracted representatives from all fields of nursing. The four-week institute held in New Brunswick deserves special mention. A major step in the implementation of the Russell Report, this institute and the subsequent follow-up program comprised an important part of the province's professional life during the latter part of 1957. Further progress is anticipated for 1958. It is interesting to note, too, the attention that is being focused on the needs of nurses returning to active professional life after an extended period away from nursing. Some associations are already planning refresher programs based on these special needs.

The proposed national hospital insurance scheme and its implications for nursing will undoubtedly receive more study and attention during this year. Through representation on Hospital Insurance Planning Committees, some associations are making sure that the views of the nursing body are made clear to those responsible for such a scheme. Finally, the auxiliary nursing group attracted greater attention in many areas. New Brunswick attempted to revise its Act to include legislation governing the qualifications, training and registration of nursing assistants but this change was not approved. Efforts in other areas were more successful. Ontario gained much greater control over the courses offered for practical nurses, and improvements are anticipated. Saskatchewan moved towards developing an organization for the nursing assistant group. Nova Scotia began the work of registering its nursing assistants and appointed the Registrar of its association as the Registrar and Secretary-Treasurer of the board of registration of nursing assistants. The nursing school adviser likewise became adviser to the schools for this auxiliary group.

Other developments are detailed under the individual provinces.

Alberta

1. Revised the title of "executive secretary" to "executive director" of its association.
2. Prepared and presented a "Chapter By-law Guide" to familiarize members with procedure.
3. Began revision of its R.N. card.
4. Recommended that the CNA seek representation on the Canadian Commission on Hospital Accreditation.

British Columbia

1. Undertook a review of the titles and functions of association employees.
2. Agreed to act as the negotiating agent for the nurses of 37 hospitals and 5 public health agencies during 1958.

Manitoba

1. Published "Policies and Standards for Schools of Nursing in Manitoba" and "A Guide for Instructors in Schools of Nursing in Manitoba."
2. Arranged for evaluation of the schools of nursing.
3. Investigated the educational needs of inactive nurses returning to active professional life.
4. Presented a brief to the Royal Commission on Education in Manitoba emphasizing the need for availability of high schools, provision of matriculation courses, inclusion of social and physical sciences, and financial assistance to students.

New Brunswick

1. Began implementation of the Russell

Report with a four-week institute on nursing practice and a follow-up program.

2. Set junior matriculation as the minimum educational requirement for entrance to schools of nursing.

3. Studied qualifying registration examinations in regard to content, type and marking.

4. Set up criteria for evaluation of schools of nursing.

Newfoundland

1. Gave concentrated attention to preparation of a "Curriculum Guide for Schools of Nursing."

2. Appointed a Scholarship Committee to assist the Credentials Committee in evaluation of immigrant applicants.

Nova Scotia

1. Appointed a special committee to prepare a submission to the Health Services Planning Commission in respect to the proposed scheme of national hospital insurance.

2. Considered requirements and recommendations for approved schools of nursing.

3. Began the work of registering nursing assistants.

4. Studied the situation of student affiliation in tuberculosis hospitals. Closure of several units reduced facilities.

Ontario

1. Continued to study a possible association plan for collective bargaining. Requested exemption from the Labor Relations Act.

2. Prepared a submission suggesting a basis for the provincial grants to schools of nursing and terms of reference for their use.

3. Submitted names of nurses eligible for appointment as representative to the Ontario Hospital Services Commission.

4. Established an experimental course for nursing assistants sponsored jointly by the Departments of Education and Health.

Prince Edward Island

1. Made the appointment of a nurse representative to the Hospital Insurance Planning Committee.

2. Began a study of nursing procedures for the purpose of setting up an outline of accepted procedures.

3. Carried out a very active recruitment program.

Quebec

1. Moved into new and larger office quarters.

2. Began work with a series of qualifying examinations similar to the NLN Test Pool Examinations.

3. Undertook an extensive study of their office functions and work allocation.

Saskatchewan

1. Approved subscription through fees to *The Canadian Nurse*.

2. Began organizational work with the nursing assistants.

3. Planned refresher courses for inactive nurses.

4. Completed work on a cost study of basic nursing education.

Recently, Radio Moscow announced that Soviet scientists were working on an "electrical sleep-machine" that would reduce the amount of sleep needed by man to a mere two hours. The machine emits ultra-short waves that destroy the molecules which make up the fatigue toxins. This is something to look forward to. We sleep a total of 26 years at the rate of eight hours a day. If this is reduced by three-quarters we shall soon be able to gain almost 20 years on our promised three score and ten — which will raise quite a number of problems.

What shall we do with this extra time? Obviously it would be possible to work more. But in an age of automation, when machines are expected to reduce human activity considerably, this is not going to be so easy. What about amusement? It is to be feared that there is not room enough in the world for all the athletic fields and places of entertainment that would be needed. What about reading and education? They will be tiring in the long run.

Modern man is constantly on the move, busy, forever seeking to gain time. But even if he had more time at his disposal, would he be able to use it judiciously?

— *World Veteran*

* * *

A recession is when you lose your job. A depression is when I lose mine.

Annual Meeting in Newfoundland

THE FOURTH ANNUAL MEETING of the Association of Registered Nurses of Newfoundland was held April 22 and 23 in the ball room of the Newfoundland Hotel, St. John's. Approximately 356 nurses attended the meeting.

A reception was given on the preceding evening at the nurses' residence of the General Hospital, St. John's, sponsored by the alumnae associations of the three schools of nursing — the General Hospital, St. Clare's Mercy Hospital and Grace Hospital. At this reception registration for the meeting took place.

The meeting was called to order by the president, Miss Janet Story. The invocation was given by the Venerable Archdeacon W. G. Legge, and the meeting was officially opened by the assistant Deputy Minister of Health, Dr. Arthur Knowling.

The report of the treasurer showed the association to be in good financial position. The proposed budget for 1958, was presented by the Chairman of the Committee on Finance, Brigadier Hannah Janes. She also announced that a scholarship fund of $450 was available for students entering schools of nursing in Newfoundland.

The report of the St. John's Chapter was presented by the president, Miss Jean Lewis. This chapter has been quite active throughout the year. Miss Lillian Campion, Nursing Service Secretary, Canadian Nurses' Association, addressed the members at one meeting taking as her theme "What goes on in National Office." The report of the Corner Brook Chapter was given by Miss Leila Cant, president. This chapter also had a very active year, and has a membership of 59.

One of the highlights of the meeting was the student nurse session. Presented by the Committee on Nursing Education the program was entitled "Students Take a Look at Nursing Care." It was chaired by Sr. Mary Calasanctius, director of Nursing Education, St. Clare's Mercy Hospital. Six students took part — two from each of the schools of nursing. Three projects were set up to illustrate their discussion, and were: 1. As expected by the patient; 2. As requested by the doctor, and 3. As met by the hospital.

The report of the Committee on Publicity and Public Relations was presented by the chairman, Miss Lillian Coleman. A panel discussion, "Nurse in the Community," was presented by this committee, and chaired by Mr. James Greene, a well known lawyer, and president of the Kiwanis Club. Other participants included: Mr. Byron March, Principal, Curtis Academy, Rev. W. L. Langille, Miss Elizabeth Summers and Mrs. Arthur Johnson.

The report of the Committee on Legislation and Bylaws was presented by the chairman, Miss Jean Lewis, followed by a dramatic presentation entitled, "Know Your Association." The report of the Committee on Nursing Service was given by the chairman, Sr. Mary Aiden. This committee also presented a play entitled "Orientation — A means of Improving Nursing Care." Miss Glenna Rowsell gave the report of the Committee on Nursing Education. "A Student Affiliation in a Mental Hospital" and "Elizabeth has the Measles" were dramatic skits presented by the same group.

In her presidental address, Miss Story, stated that the association has three primary responsibilities: to the individual member; to the nursing profession; to society. In the past four years we have been mainly concerned with such matters as financing the organization and the mechanics of administering the Act of Incorporation. Now we are ready to move into a broader field. This is where an understanding of our proper role and the support of each member is needed. She mentioned the Pilot Project on Evaluation, and the great help the members could be in interpreting this information to the public. She concluded by saying that, among their other purposes, these annual meetings should spur us on throughout the year towards those ideals of service that are *only* made real by being translated into the daily work of the nurse.

The executive secretary announced that the total membership as at December 31, 1957, was 1036 with 779 active members and 257 inactive or sustaining members. The guest speaker on the final evening was Mrs. Jean Pratt who took as her theme "The Changing Status of Women."

The new council is as follows: Pres. Miss Janet Story; Past Pres. Miss Elizabeth Summers; Jean Lewis, Brigadier Hannah Janes, Sr. Mary Xaverius, vice-pres.; Glenna Rowsell, Ruth Bishop, Major Mary Lydall, Ruby Harnett, Norma Tilley, Sr. Mary Calasanctius, councillors.

PAULINE LARACY
Executive Secretary

Book Reviews

Obstetrical Nursing by Carolyn Conant Van Blarcom. Revised by Erna Ziegel, R.N., B.S. 832 pages. Brett-Macmillan Limited, 132 Water St. S., Galt, Ont. New York: The Macmillan Company. 4th ed. 1957. Price $6.50.

Reviewed by Miss Rita F. Cameron, Obstetrical Supervisor, The Montreal General Hospital, Montreal.

While this book does not contribute anything particularly new in obstetrical information, it is a well written text. Certain areas are covered very thoroughly, others tend to be too technical. Definitions could be more concise and illustrations more plentiful.

The "Mental Hygiene of the Expectant Mother" alerts the nurse to the mental and emotional burden of the pregnant woman. The emphasis placed on the importance of recognizing and reporting evidence of mental stress to the doctor, is timely. "Special Problems of the Maternity Patient" discusses the simple, personal needs of the expectant mother.

"Complications and Accidents of Pregnancy" and "Analgesics and Anesthesia" are excellent review chapters. Information is clear and concise. There is also an abundance of pertinent and timely information relating to trends in maternity nursing. It is discussed under such headings as: Community Health Services for Mothers and Children; Rooming In; Social and Economic Factors; and others.

The "Premature Infant" and "Abnormalities and Diseases of the New Born" are well presented, but more on the level of the medical student than of the student nurse.

This is a readable book, broad in scope. It should prove valuable as a reference text for graduate and postgraduate nurses as well as for medical students.

New and Nonofficial Drugs. Council on Drugs of the American Medical Association. 631 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 1958. Price $3.35.

Discoveries in the fields of pharmacology and pharmacotherapeutics are so numerous that it is a futile task to try to keep abreast of all the new products appearing on the market. Nevertheless it is important that the nurse or doctor should have a ready source of information about such products when the occasion indicates their use. In general, the action of the drug, average range of dosage, routes of administration, signs of reaction and contraindications to use are the facts required.

This particular text issued annually under the supervision of the A.M.A. Council on Drugs provides a reliable, compact, but satisfyingly comprehensive review of more recent preparations that have been evaluated by the Council. The products discussed are further limited to those that have not appeared in any other official volume such as the Pharmacopeia of the United States. Although discussed under nonpropietary names, the common commercial names for the individual products are given as well. The index lists both. The range of products discussed in this issue is wide, covering preparations used in or on the body for diagnosis, prevention or treatment of disease.

This publication can be recommended for use in a school of nursing library, on the hospital ward or in a doctor's library.

American Drug Index by Charles O. Wilson, Ph.D. and Tony Everett Jones, Ph.D., 700 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal 6. 1958. Price $5.00.

This index was prepared to assist nurses, doctors and allied services in identifying the many pharmaceuticals presently available. The index is alphabetical with extensive cross-indexing. All the names used for a particular pharmaceutical are given in alphabetical order. Under the brand name and the name by which it is made available, the authors describe the composition, indicate routes of administration, dosage and use.

The text would be a most useful addition to hospital libraries and to ward libraries. While presented in comparatively abbreviated form the information is sufficiently comprehensive to provide a good working knowledge of the product in question.

Calling all graduates of Sherbrooke Hospital, P.Q.! A reunion in honor of the 60th graduating class of the School of Nursing will be held on Thursday, Sept. 11, 1958 at 8 p.m. in Norton Residence, Sherbrooke Hospital.

TIMOTHY

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News Notes

ALBERTA

District 7

Hinton

The organizational meeting of this chapter was held at the home of Mrs. R. Hallam. The following members were appointed to office: Mrs. D. Hallam, pres.; Mrs. T. Piwek, vice-pres.; M. Ries, sec.; G. Allen, publicity. Regular meetings are to be held on the fourth Wednesday of each month.

District 4

Provost

A disaster plan for the local hospital has been drawn up and was presented to chapter members for discussion. Nurses in the community have pledged their assistance should the need arise. Assistance was given in the operation of a Blood Donor Clinic recently. The July meeting was held at Dilberry Lake and members enjoyed a picnic preceding the business session.

District 8

Lethbridge

The refresher course held under the sponsorship of the chapter proved so successful that a similar course is to be considered for next year. Mrs. Cumming directed the committee that arranged for the course. A coffee party was held at the Elk's Lounge and was a very pleasant social event. Mmes Cumming, Brink, Paskuski, Miss Webster and Sr. Hugh Teresina attended the annual provincial convention. Sr. M. Beatrice was the official delegate to the CNA convention.

An excellent film on "Emergency Removal of the Patient" was shown at a recent chapter meeting. A committee under the direction of Lois Osecki has completed work on the chapter bylaws.

BRITISH COLUMBIA

Vancouver

St. Paul's Hospital

An auxiliary alumnae group has been formed in Ottawa where 13 graduates are presently located. Graduation exercises were held in the Georgia Auditorium and diplomas were presented by Mrs. Tripp, president of the Ladies' Auxiliary and Miss Hull, president of the alumnae association. Miss Watterer received the award of twenty-five Centennial silver dollars for proficiency in bedside nursing. The class of '38 held their 20th reunion this year.

MANITOBA

Brandon

General Hospital

The graduating class began a round of social activities with a dinner given by the hospital. Each member of the class received the traditional graduation gift — an initialled silver spoon. Miss I. Lamont proposed the toast to the class and was thanked by Miss J. Mahan. Mr. A. K. McTaggart, administrator, also spoke briefly as did Miss M. Jackson, director of nursing. A skit, "Futurama," predicted the future of each new graduate, the reading being done by Miss M. Rutherford. H. Conroy, B. Leask, R. Lang, J. Moore and K. Coates assisted with the program.

NEW BRUNSWICK

Moncton

The annual meeting of the chapter was held at the nurses' cottage, Shediac Cape, and featured a lobster supper. The slate of officers elected for the coming year is as follows: M. Hollenbeck, pres.; E. Larracey, D. Godfrey, vice-pres.; R. McArdle, sec.; Mrs. R. Oke, treas.

Nurses' Hospital Aid

Activities for the summer came to a close with a supper meeting at the nurses' cottage at Shediac Cape. Mrs. J. Johnston, Mrs. C. McKee and Miss M. Kay were in charge of arrangements. Mrs. S. Sinclair gave an interesting report of the graduation dinner and dance held in honor of the Moncton Hospital students. It was announced that the Aid tag day had been successful. Mrs. J. H. Pettigrew commented on the activities at the Maritime Hospital Auxiliaries convention.

Newcastle

Delegates who attended the annual provincial convention in Woodstock and the annual Public Health Association meeting in Charlottetown presented their reports at a recent general meeting. Miss E. MacDonald reported that a successful home nursing course had been completed.

The graduating classes of the Hotel Dieu and Miramichi Hospitals were guests of honor at a chapter dinner early in June. The guest speaker was Dr. Mary Southern-Holt.

NOVA SCOTIA

Sydney

Mr. J. MacDougall, rehabilitation director for Point Edward Tuberculosis Hospital, outlined the program presently in effect at the hospital at one of the regular chapter meetings of the Cape Breton and Victoria Branch, R.N.A.N.S. Mr. E. Green, field worker and provincial coordinator with the

Department of Health, also participated in the same discussion. Through the use of a film the audience was shown the various types of patients who may be rehabilitated and the value of so doing.

Truro

During the year the major projects of the Colchester Branch R.N.A.N.S. were the character doll booth, Fairyland Fair and Tea. Under the direction of Mrs. Dorothy Miller, superintendent of nurses at Colchester Hospital, a number of dolls representing familiar figures in nursery rhymes, were dressed and sold. The profits were donated to the Ladies' Auxiliary of the hospital for their work. A pantry sale proved to be a very profitable venture and a potluck supper gave considerable pleasure to those attending. Guest speakers at chapter meetings have included L. R. Denton, chief child psychologist for the province, and Misses F. Clarke and D. Crossman who reported on the Cancer Institute held in Halifax this year. A banquet closed activities for the chapter during the summer months.

Mrs. J. Gabris and Mrs. G.. MacNeil attended the annual provincial meeting in Sydney. Mrs. Gabris also represented the local V.O.N. branch at the CNA Convention. Bessie (O'Neil) Demezar is working in the Doctors' Hospital, Toronto, Jessie (Smith) Palmer is also in Toronto.

ONTARIO

District 1

Chatham

Public General Hospital

The alumnae association entertained the members of the graduating class with a court whist party. Each guest received a souvenir spoon. At the graduation exercises, Mrs. H. Reid, president, presented the Priscilla Campbell scholarship for postgraduate study to Margaret Ann Oxley. The alumnae tea was held in the nurses' residence with Mrs. Reid, president, Miss Lax, director of nursing, and Dr. L. Pearce receiving the guests. A floral arrangement in the school colors, purple and gold, centred the table. Lucky tickets were drawn for a number of prizes.

London

Victoria Hospital

The school of nursing observed the 75th anniversary of its founding early in May with a tremendously successful reunion of graduates. Founded in 1883, the school is the oldest in Western Ontario and the third oldest in Canada. Almost 1000 graduates attended the dinner held in the Armories. Dr. J. Burton Thomas, rector of Bishop Cronyn Memorial Church was the guest speaker. Mrs. Alice Greigg Patterson, a 92-year-old graduate of the class of '89 came from Minnesota to attend anniversary activities and was presented with an honorary life membership in the alumnae association, a jubilee book and a bouquet. Miss Muriel Kennedy, convener of the celebration activities, and Mrs. W. Wake, corresponding secretary were also presented with life memberships.

The toast to Alma Mater was given by Miss Mildred Walker and Miss Evelyn M. Robson, director of nursing, responded. A toast to the graduating class of '58 was proposed by Miss Gladys Erskine. Miss Dianne Kennedy, president of the graduating class, replied. Greetings were extended to the celebrants by Mr. A. Johnston, Mayor of London, and Mr. William Loveday of the Hospital Trust. The convener of the very pleasant and successful dinner was Mrs. C. A. Humphries. Other activities included a tour of the hospital, a garden party and a variety of class parties.

Windsor

Grace Hospital

In mid-March, three staff members who have contributed almost 100 years of service to the hospital between them, were honored at a reception. Mrs. E. Dix, presently night superintendent, has given over 25 years of service while Mr. E. Higgins, laundry superintendent, and Mr. F. Wade, building superintendent, have contributed 36 and 30 years respectively. Certificates of merit provided by the Ontario Hospital Association were presented to each one by Dr. R. B. Robson, chief of medical staff. Senior Major Emily Woods who arrived in the city to take over the post of superintendent of Faith Haven was formally welcomed at a dinner meeting.

The graduating class of 1958 has been entertained on several occasions: a dinner party arranged by the members of the intermediate class; a dinner party planned by the graduating class of 1957; a tea at which alumnae members were hostesses and another tea arranged by the Ladies Auxiliary. Graduation exercises were held in the Arena and conducted by Colonel Clarence Wiseman, Chief Secretary for Canada and Bermuda. Staff, students, and the members of the graduating class marched to their places to the music of the Citadel Band. The address to the graduates was given by Dr. C. L. Peterson, president of the Medical Staff and Miss Phyllis Smith was valedictorian for her class.

Capt. Eleanor Johnson, a graduate of Toronto East General Hospital, has joined the staff as Assistant Director of Nursing Services. M. Robson of the Christian Hospital, Ratlam, India has returned to Canada on furlough. Lt. (N/S) P. Parkins has enrolled in the University of New Mexico and plans to major in public health nursing. The alumnae garden party was held June 25. Mothers of children born in the hospital and the children themselves received a special invitation to attend. Senior Capt. Davis represented the hospital at the CNA General Meeting.

Hôtel Dieu Hospital

Fall plans of the alumnae association include the annual dance which has been

scheduled at Teutonia Hall for October 3 and the annual bazaar to be held in Jeanne Mance residence November 26. The annual alumnae and graduation banquet was a very successful event. Eleven of the original 14 members of the class of '33 attended and celebrated their 25th anniversary. Mr. Carroll Grimwood was the guest speaker. Sister Cazabon was a recent visitor from Whitelaw, Alta. Agnes Riordon has joined the staff as a head nurse. Cecelia (Nemeth) Mailloux has also returned to the staff. Shirley (Borshuk) Parrott is working at the Ottawa Civic Hospital.

District 2

Stratford

Miss S. McPhee was the guest speaker at a dinner held by members of the district organization. She gave a vivid account of her experiences as a delegate to UNESCO. At the general meeting, the members formed discussion groups and dealt with topics of special interest to nursing.

District 4

St. Catharines

General Hospital

Plans are presently underway to celebrate the 85th anniversary of the founding of The Mack Training School. This event will occur in 1959. The alumnae association entertained the members of the graduating class at Prudhomme's Garden Centre Theatre where they enjoyed Arthur Treacher in "Visit to a Small Planet." Refreshments were served after the play and each student received an alumnae membership for the coming year. The intermediate students were guests at a "half-way" party in the form of a potluck supper and a penny sale. A "Chinese Auction" was a feature of another meeting, providing considerable entertainment for all.

The list of members forming the executive of the alumnae association is as follows: Mrs. J. E. Porteous, hon. pres.; Mrs. R. Christie, pres.; Mrs. E. R. Dundas, Miss E. Culp, vice-pres.; E. Graham, treas.; G. Robida, rec. sec.; L. Angle, corr. sec.; Mrs. A. Tierney, publicity; C. Darby, program; B. Boyle, E. Matosian, Mrs. J. Hodgson, social committee; F. McArter, Mrs. A. Forsyth, N. Rolls, visiting committee; J. Turner, T. Derksen, news letter; S. Murray, A. Hubbert, *The Canadian Nurse;* Mrs. F. Edgar, telephone; N. Nazarchuk, ways and means committee; H. Brown, Mmes W. Durham, E. Dewar, advisory council.

District 5

Toronto

General Hospital

Among those graduating this year at the

Spring convocation of the University of Western Ontario were: Mary Lois Smith '55 and Anne Grenache '57, diploma in nursing education; Norma Compton '56, diploma in public health nursing; Moira M. (Groat) Caldwell and Patricia McKenzie, both '56, Bachelor of Science in Nursing.

Millicent Hyrtzay attended the University of Toronto this past year as a student in the public health course. Sylvia Barons completed her first year in the study of medicine at the same university. Katherine (Scott) Scott is working in the nursing office of the Ottawa Civic Hospital. Audrey Tibbits, Rose Zvarich, Marilyn Young and Carol Simpson have been nursing in San Francisco. Olga Burden is a plant nurse with Dominion Stores. Olive (Munroe) Douglas is working in the Presbyterian Hospital, New York.

Western Hospital

On June 7 more than 800 alumnae members gathered in the Royal York Hotel to celebrate the 60th anniversary of the school. They came from every province and more than a dozen from the United States. Messages were received from graduates in many parts of the world including India. A message was also received from Mrs. I. P. McConnell, Weston, the only surviving member of the school's first graduating class. Roses were sent to her from the members.

Miss Jean S. Taylor, presided at the dinner, and speeches were kept to a minimum. Greetings from the board of governors were extended by W. E. Williams; from the hospital by Superintendent M. B. Wallace; from the medical staff by Dr. R. C. Laird; from the Women's Auxiliary by Mrs. Jas. H. Miller. A toast to absent members was given by Mrs. J. H. Boyd and a tribute to the school by Miss Taylor. Replying to the latter, Miss Gladys J. Sharpe director of nursing, who is leaving her alma mater after a service of 30 years to join the staff of the Ontario Hospital Service Commission briefly outlined developments of the school in the past six decades.

Guests of honor included Miss Daisy Bridges of Great Britain, executive secretary of the International Council of Nurses; Miss Beatrice Ellis, director of nursing for more than 25 years; Miss Margaret Morgan, representing the Registered Nurses' Association of Ontario, and Arthur J. Swanson, chairman, the Ontario Hospital Services Commission.

Miss D. Bridges addressed the 60th graduation of the school of nursing, at which 90 graduates — the largest class in the history of the hospital — received their diplomas in Convocation Hall on June 9.

District 8

Ottawa

Lady Stanley Institute

Alumnae officers elected for the current year are: Mrs. W. Lyman, hon. pres.; Misses M. Stewart, E. Young, hon. vice-

pres.; Mrs. C. Port, pres.; Mmes R. Gisborne, H. M. Ellard, vice-pres.; Mrs. J. R. V. Main, 464 Wellesley Ave., Ottawa, sec.; Miss M. Scott, treas.; Mmes R. Gisborne, O. Skuce, J. A. Steele, councillors; D. Booth, flower convener; Mmes H. M. Ellard, J. R. V. Main reps. to Local Council of Women; Mrs. G. C. Bennett, rep. to press; Miss J. McEwen, Mrs. N. H. Halkett, visiting committee; Miss Ethel G. Johnston, rep. to *The Canadian Nurse;* Miss D. Pridmore, Save the Children Fund.

QUEBEC

District 11

Montreal

Hazel Brokenshire and Betty Eggen, district supervisors of the Montreal Branch of the Victorian Order of Nurses, each spent a week in New York observing the rehabilitation nursing program of the Visiting Nurse Service in that city. Competence in this particular phase of patient care is receiving increasing emphasis within the Order. Staff nurses are introduced to these skills during their orientation period and awareness to the need for rehabilitation is fostered in their daily work.

The Alumnae of Retired V.O.N. Nurses of Greater Montreal is a recently formed organization of this particular branch of the Order. The aim of the group is to provide the means of keeping members in touch with one another. Arrangements have been made for visiting sick or shut-in members. Miss Jowsey was appointed as president.

An institute on maternal care under the direction of Miss Esther Robertson, Nursing Consultant, Child and Maternal Health Division, Department of National Health and Welfare, was attended by a selected group of staff nurses from the City Health Department. A study day on the same subject followed for the entire nursing staff.

Hôpital Notre-Dame

Les noms des membres du comité exécutif de l'association des infirmières diplômées sont comme suit: Denise Fortin, présidente; Madeleine Vezina, Claire Morency, vice présidente; Jacqueline Lafaille, secrétaire archiviste; Madeleine Gerard, secrétaire correspondante; Cécile Harnois, trésorière; Stella Laporte, Micheline Vadnais, conseillères.

L'Ecole d'infirmières de l'Hôpital Notre-Dame célébrera, à l'automne 1958, le soixantième anniversaire de sa fondation. C'est la Révérende Mère Mailloux des Soeurs Grises de Montréal qui ouvrit, au Canada, la première école d'infirmières d'expression française.

Cet événement sera marqué par l'ouverture de la nouvelle aile de l'Hôpital et par l'agrandissement de l'Ecole, la construction d'une piscine est prévue.

Une cordiale invitation est adressée à toutes les diplômées de Notre-Dame, religieuses et laiques, d'envoyer leur adresse à la présidente de l'Amicale à 2205 rue Maisonneuve, Montréal.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nursing for 58-bed modern hospital in the heart of Northwestern Ontario tourist area. Comfortable private accommodation provided. Please address enquiries to Dr. E. M. Dutton, Chairman, Board of Directors, District General Hospital, Dryden, Ontario, stating qualifications, experience & salary expected.

Director of Nursing for 300-bed pediatric hospital at The Montreal Children's Hospital — Affiliated with McGill University — No School of Nursing here at present. Age 30-45. Pediatric training preferred. Degree in nursing preferred but not essential. Apply to Executive Director, The Montreal Children's Hospital, 2300 Tupper Street, Montreal, Que.

Matron with administrative experience for 53-bed, modern hospital — fully staffed. Finest equipment; X-ray Lab with technician. Salary $350-$380 with increments. Private suite in fully modern nurses residence. Complete maintenance, $35 per mo. Situated in the prettiest town in Southern Manitoba, excellent transportation. Write or phone Chairman of the Hospital Board, or Secretary, Morden District General Hospital, Morden, Manitoba.

Assistant Matron with postgraduate preparation for 140-bed hospital with building program in operation. For further information, write Acting Matron, King Edward VII Memorial Hospital, Bermuda.

Supervisor (1) starting salary $264, less $33 for board & laundry; **Graduate Nurses** for general duty, **Registered Nurse (1)** for 3-11 P.M. Apply: Supt. of Nurses, Muskoka Hospital for Tuberculosis, Gravenhurst, Ontario.

Administrative Supervisor — Pediatric Dept. 30-bed unit in modern hospital; good personnel policies. Apply: Director of Nursing, Civic Hospital, Peterborough, Ontario.

Assistant Superintendent and General Duty Nurses, for well-equipped 47-bed hospital. 8-hr. duty, 5½-day wk. Annual vacation with pay. Statutory holidays. Full maintenance in new modern residence. For further information apply: Superintendent, General Hospital, Kincardine, Ontario.

Assistant Night Supervisor — Head Nurses for Medical & Surgical Wards — **General Duty Nurses** for 450-bed hospital with training school. Excellent personnel policies. Apply to: Director of Nursing, St. Joseph's Hospital, Victoria, British Columbia.

Operating Room Supervisor for 110-bed modern hospital; excellent personnel policies. Apply: Superintendent, Charlotte County Hospital; St. Stephen, New Brunswick.

Operating Room Supervisor for large Sanatorium. Experience in Chest Surgery desirable. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service. The Beck Memorial Sanatorium, London, Ontario.

Operating Room Supervisor, Night Supervisor, Assistant Head Nurses. Excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Assistant Operating Room Supervisor (1) for an expanding service. Postgraduate work & experience essential. For particulars, please apply: Director of Nursing, The Royal Alexandra Hospital, Edmonton, Alberta.

Obstetrical Supervisor for 25-bed department in 120-bed JCAH approved community hospital. Brochure on hospital, community & policies furnished on request. Call or write Director of Nurses, Northwestern Hospital, Thief River Falls, Minnesota.

Nursing Arts Instructor — To teach fundamentals of Nursing & assist with Medical-Surgical Nursing by September 1, 1958. School of Nursing, 80 students — 1 class per year — 40-hr. wk. Salary as recommended by R.N.A. of Nova Scotia, good personnel policies. Apply: Superintendent, General Hospital, Glace Bay, Nova Scotia.

Clinical Instructors in Surgery & Pediatrics for 450-bed hospital. Good personnel policies. Please apply to: Director of Nurses, St. Joseph's Hospital, Victoria, British Columbia.

Clinical Instructor for well baby nurseries. State qualifications, experience & references. Apply: Director of Nursing, Women's College Hospital, Toronto 5, Ontario.

Infirmières Licenciées (6) pour service général — sont désirées à l'Hôpital (52 lits). Les salaires: $240-$275 selon l'expérience. Service de 40 heures, sans service de nuit. 3 semaines de vacances payées, après un an de service, en plus des 10 jours durant l'année. Veuillez adresser toute correspondance: Les Soeurs de la Charité de N.D. d'Evron, Hôpital St. Louis, Bonnyville, Alberta.

Registered Nurses (6) for 52-bed hospital. Salary: $240-$275, according to experience. 5-day wk. No night shift. 3-wk. vacation with pay, after 1-yr. service. Apply: Superintendent, St. Louis Hospital, Bonnyville, Alberta.

Registered Nurses (2) for 17-bed hospital; general duty; salary $240 gross with annual increments to $270. 44-hr. wk. 1-mo. vacation after 1-yr. Transportation refunded after 6-mo. service. Apply: Elnora Municipal Hospital, Elnora, Alberta.

Needed dedicated Christian **Registered Nurses** for Esperanza General Mission (22-bed hospital). Opportunities for witnessing for the Lord. Salary: $100 clear. 6-day wk. 10-hr. day. Apply Dr. H. A. McLean, Ceepeecee, Vancouver Island, British Columbia.

Registered Nurse for general floor duty. Gross salary $275 per mo. with $25 deducted for full maintenance. 44-hr. wk. Yearly increments with standard holiday & sick leave benefits. Apply: John Hiscock, Sec. Treas., Baldur, Manitoba.

Registered Nurse (1) Licensed Practical Nurse (1) immediately, for 10-bed hospital. Salary for R.N. $275 per mo.; L.P.N., $190 includes $35 living-in allowance. Living quarters in hospital. Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurses: for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply; Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for general duty in 44-bed hospital situated in the Niagara Peninsula. For salary rates & personnel policies, apply: Director of Nursing, Haldimand War Memorial Hospital, Dunnville, Ontario.

Registered Nurses for general duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses (2) & Certified Nursing Assistants (2) for 34-bed general hospital, 40 mi. north of Guelph, Ontario. Please apply stating age & qualifications to: Superintendent, Louise Marshall Hospital, Mount Forest, Ontario.

Registered Nurses & Certified Nursing Assistants for new expanding 88-bed hospital in a pleasant progressive town. **General Duty Registered Nurses** start $220, annual increments to $240, **Certified Nursing Assistants** $150, annual increments to $180. 2-wk. shift rotation, bonus for 4-12 & 12-8 shifts. Accumulated sick leave to 60-dy. Only 1-hr. drive to Toronto, to other cities & resort areas. Local swimming pool, artificial ice arena, bowling, etc. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $260 per mo.** with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered Nurses (2) required immediately; 30-bed rural hospital; 8-hr. shift; 6-day wk. general duty; full maintenance. Apply Miss Frances Hardy, Matron, Phone 12J Gatineau Memorial Hospital, Wakefield, Quebec.

Registered Nurse for small hospital in North. Apply: Matron, Yellowknife District Hospital, Yellowknife, N.W.T.

Registered or Graduate Nurses (4) for general duty in 45-bed hospital in town of 3000 pop. Salary $250 per mo. less maintenance of $30 per mo. $5.00 increments every 6-mo. Travel allowance of $50 refunded after 1-yr. of service. Duties to commence as soon as possible. For further information apply, Matron, Meadow Lake Union Hospital, Meadow Lake, Sask.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Surgical Registered Nurses, Staff Registered Nurses for 240-bed General Hospital. 40-hr. wk. 15 working days; paid vacation; 7 paid holidays; sick leave. Surgery starting base pay $338 stand by & call back time extra. **Staff R.N.** starting pay $322 monthly; regular pay increases; P.M. & night differential $10. Apply: Yolo General Hospital, P.O. Box 210, Woodland, California.

Registered Nurses: Staff and Operating Room: Salary $300-$315 with periodic increases. Excellent personnel policies. For further information contact Superintendent, Red Wing City Hospital, Red Wing, Minnesota.

Pediatric Head Nurse, Head Nurses for General Wards, **Operating Room Nurses,** (postgraduate or equivalent experience). **General Duty Nurses** for 110-bed hospital in Fraser Valley, 68 miles from Vancouver, good bus service. A new 90-bed wing will be finished early this fall. Accommodation is available in a lovely new residence opened February 1958. Personnel practices in accordance with R.N.A.B.C. policies. Further particulars available. Apply: Director of Nursing, General Hospital., Chilliwack, British Columbia.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $240 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered General Duty Nurse required Sept. 1st., for new 21-bed hospital, salary $240 per mo. $5 increment every 6-mo. room & board $40 per mo. 5-dy. wk. & usual holidays. Apply: Matron, Lady Minto Gulf Islands Hospital, Ganges, B.C.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses & Certified Nursing Assistants for new 58-bed hospital. Situated in North Western Ontario. Gross Salary $249 per mo. & $184 per mo., subject to increase after 6-mos. with regular annual increases thereafter. $45 per mo. room & board. Rail fare refunded after one year. New 21-bed nurses' residence-single rooms. Apply; stating age & when available to Director of Nursing, District General Hospital, Dryden, Ont.

Registered General Duty Nurses — for 300-bed Medical & Surgical Sanatorium. Good personnel policies. Starting Salary $240 per mo. — 40-hr. wk. Accommodation available. Apply: Superintendent of Nurses, Fort William Sanatorium, Fort William, Ontario.

General Duty Registered Nurses for 100-bed general hospital in town of 6000 on the shore of Lake Huron. Good personnel policies, residence accommodation available. Apply: Superintendent, Alexandra Marine & General Hospital, Goderich, Ontario.

Registered General Duty Nurses for well equipped 225-bed hospital in Northern Ontario. Beautiful residential town, situated on the shores of Lake Temiskaming. Active golf, ski & curling clubs; also swimming, boating & tennis. Overnight by train to Montreal & Toronto. Excellent accommodation & new cafeteria facilities. Basic salary $225 per mo. 40-hr. wk., excellent personnel policies. For further information & application form, write to the Director of Nursing, Misericordia Hospital, Haileybury, Ontario.

Registered Staff Nurses (2) for 12-bed hospital close to Banff. Salary $250 less $30 maintenance. Rotating 8-hr. shifts, 40-hr. wk. 3-wk. holiday after 1-yr. service. Apply: Matron, Canmore Municipal Hospital, Canmore, Alberta.

Registered General Staff Nurses (6) starting salary $255-$325. **Trained Nurses' Assistants (4)** starting salary $165-$200 for an accredited 75-bed hospital 40-hr. wk., yearly increment — full maintenance $35 — Personnel practices in accordance with S.R.N.A. policies. Apply: Superintendent, St. Therese Hospital, Tisdale, Saskatchewan.

Registered General Duty Nurses for 28-bed General Hospital. Good salary & personnel policies 44-hr. wk. Adjacent attractive residence, recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses (4) for 105-bed Pembroke Cottage Hospital as replacements for ones who have been married. Pop. of town, 15,000. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active interesting community social life in heart of the beautiful Ottawa Valley. Active ski club, curling club & skating, also the home of the famous Pembroke Lumber Kings Hockey Team, 2-theatres & a "drive-in". Nurses residence is available if desired, 2 blocks from the hospital. Gross salary: $210-$235 with increase at the end of 6-mo. & 1 yr. 3-wk. vacation, 7 statutory holidays. 14-day sick leave. No night duty. Blue Cross Medical/Surgical participation. Forward application to the Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses for County Hospital 45 mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Two theatres, bowling, curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary: $215 per mo. Three $5.00 increases at 6-mo. intervals to maximum $230. 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 1-mo. annual vacation, all statutory holidays. 2-wk. sick leave. Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Quebec.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses (3) required immediately for new 54-bed hospital. Gross salary $255 per mo. with annual increase, less $26 maintenance. Group pension; medical & hospitalization plan; 44-hr. wk. 3-wks. vacation after 1-yr, service, plus 10 statutory holidays. Apply stating training; experience & references to Matron, Vermilion Municipal Hospital. Vermilion, Alberta.

General Duty Nurse (1) for rotating shift (30-bed hospital). Salary: $260 per mo. less $40 for room, board & laundry. 40-hr. work wk. 4-wk. vacation with pay after 1 yr. service. 1½ days sick leave per mo. yearly accumulative. Attractive nurses' home adjoining hospital. Apply: Community Hospital, Grand Forks, British Columbia.

General Duty Nurses. Salary: $260-$312, $13 increment for experience. 40-hr. wk. 1½ day sick leave per mo. cumulative. 1 mo. vacation. 10 statutory holidays. Must be eligible for B.C. registration. Apply: Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurse for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling & skiing. Initial salary: $270. Maintenance, $45. 44-hr. wk. 4-wk. vacation with pay. Comfortable, attractive nurses' residence. Rail fare advanced if necessary. References required. Apply Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for 35-bed hospital. 50 mi. from Toronto. 8 statutory holidays 3-wk. vacation after 1 yr. 5-dy. wk. starting Sept. 1st. salary $230. Increase each yr. $10 a mo. evening & night shifts. Apply: Superintendent, Stevenson Memorial Hospital, Alliston, Ontario.

General Duty Nurses (2) for small-sized hospital in Georgian Bay District. Rotating shifts, 8-hr. duty, 5½-dy. wk. Apply: Superintendent, Chesley & District Memorial Hospital, Chesley, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $235 per mo. with annual increments. Good personnel policies with sick leave benefits, holidays & paid vacation. Residence accommodation available. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Good salary & personnel policies. Residence accommodation available. Please apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurses for 100-bed modern hospital in south western Ontario. Please apply to: Director of Nurses, Tillsonburg District Memorial Hospital, Tillsonburg, Ontario.

General Duty Nurses for general hospital in Niagara Peninsula. Residence accommodation available. Presently on 44-hr.-wk. but reverting to 40-hr.-wk. in September. Basic salary $245 both now & in September. 4 annual increments & 3-wks. vacation. Apply: Director of Nursing, Welland County General Hospital, Welland, Ontario.

General Duty Nurse (1) for Saltcoats 10-bed hospital $250 per mo. with $5 increments every 6-mo. for 5 increments, 3-wk. vacation: residence $10 per mo., meals 25 cents. Town on lake shore 24 mi. from Yorkton. Duties commence August 1st. or as soon as possible after. Apply: D. J. Wiley, Sec.-treas. Saltcoats & District War Memorial Hospital, Saltcoats, Saskatchewan.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: $315, California registered — $285, Canadian registered. $22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses immediately for 181-bed modern, fully accredited hospital in Central California. 5-dy. 40-hr. wk. Good starting salary with periodic increases, paid vacation, sick leave, holidays. Blue Cross available. Social Security. Apply: Personnel Director, 2215 Truxtun Ave., Bakersfield, California.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge. Starting salary $304 per mo. plus shift & service differentials, first increase in 6 mo. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Nurses for 600-bed teaching hospital in Central California. In-service educational program; Salary $337-396, 40-hr. wk.; 11 holidays annually, retirement & sick leave plan. Differential of $20 per mo. for 3:00-11:00 p.m. shift & $15 per mo. for 11:00 p.m.-7:00 a.m. shift. Write Personnel Director, 732 East Main Street, Stockton, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary: $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in psychiatry & pediatrics on a segregated service. Apply Superintendent, Community Hospital, Alamosa, Colorado.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary $260-$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses. O.R. Scrub Nurse (1). For modern well equipped 100-bed general hospital in friendly community. Gross salary: $240 per month if currently registered in Ontario. 8 hr. rotating shifts. 44 hr. wk. 1 day off 1 wk. and 2 the next. 21 days vacation after 1 yr. 7 legal holidays. Good personnel policies. Apply, Miss Willamene R. Allan, General Hospital, Port Colborne, Ont.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $240 per month. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

General Staff Nurses (Immediately) — Clinical Instructors in Surgery & Medicine (July) for new 288-bed modern hospital opened in January. School of Nursing with a present enrollment of 53 students. Comfortable nurses' residence. 40-hr. wk. Liberal personnel policies. Please apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $315 per mo. starting salary. $15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Positions open — general duty. Salary: $300 base pay: $315, 4-12 shift; $320. 12-8 shift. Lab technician, $375. Apply: Supt. Maybelle Stensrud, Deaconess Hospital, Glasgow, Montana.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7 mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses (2) duties to commence as soon as possible, working conditions, salaries etc., according to last schedule of the Saskatchewan R.N.A. Apply: Matron, or Secretary Manager, Nokomis Union Hospital, Nokomis, Saskatchewan.

Staff Nurse for 20-bed psychiatric unit in general hospital. State qualifications & references when applying to Director of Nursing, Women's College Hospital, Toronto 5, Ontario.

Graduate Nurses for: 64-bed hospital, 250 miles north west of Edmonton. Salary $240 if registered in Alberta, less $30 for maintenance; $5 increment each 6 mo. for 6 increases, 4-wks. vacation with pay after one year service, plus statutory holidays, residence, $50 travelling expenses refunded after one year of service. Apply: Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurses (2) for newly decorated small country hospital in northern Alberta, (40 miles paved road to next city). Starting salary for Graduate Nurses, $220, less $30, room & board. Good working conditions. Foreign nurses also can arrange for registration. Fare will be refunded after 12-mo. service. Apply Matron, Hythe Hospital, Hythe, Alberta.

Graduate Nurses: For new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For Salary rates & Personnel policies. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses (several) for future vacancies for modern 42-bed hospital in northern Ontario. Residential town, pop. 5,000. Overnight by rail to Montreal & Toronto. Starting salary: $235 per mo. 40-hr. wk. Excellent personnel policies. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Operating Room Nurse with postgraduate course, for active operating room in general hospital with School of Nursing. Salary $280 per mo., plus increment for experience. Must be eligible for B.C. registration. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Operating Room Nurses (2), General Duty Nurses for 60-bed General Hospital. Good salary. Paid life insurance & sick leave. Apply stating experience to: Director of Nursing, District Memorial Hospital, Leamington, Ontario.

Operating Room Nurse (P.M.) for 147-bed General Hospital located in a beautiful residential suburb along the North Shore of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. $375 per mo. Other employee benefits. Contact the Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Public Health Nurses (2) qualified. For a generalized program. 1, to be in charge, & 1 nurse for staff duty. Good salary. Generous car allowance. Duties to commence approximately August 15th. Apply: Gordon Cooper, Clerk, Township of Waterloo, Kitchener, Ontario. R.R.3.

Public Health Nurse for generalized program, including bedside nursing. 1-mo. vacation after 1 yr. Blue Cross & group insurance available. Interest-free loan for purchase of car. Apply: Dr. J. I. Jeffs, Health Unit, Napanee, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses qualified for generalized program in a city of 53,000. Starting salaries dependent on experience. Minimum salary $3,250, maximum $4,000, annual increment $200; transportation provided. Pension plan; Blue Cross; P.S.I. employer shared. 4-wks. annual vacation. Apply: Dr. C. C. Stewart, B.A., M.D., D.P.H. Medical Officer of Health, City of Oshawa, Ontario.

Public Health Nurses qualified for generalized program with City of Ottawa Health Department. Salary $3,390-$3,900 based on experience. Good personnel policies; 5-day wk. Superannuation; Blue Cross & P.S.I. benefits. Apply: Medical Officer of Health, City Hall, Ottawa 2, Ontario.

Public Health Nurses (Qualified) for generalized program in city of 44,000. Starting salaries dependent on experience. 5-day wk. Month vacation. Blue Cross & P.S.I. employer shared. Accumulative sick leave & pension plans. Workmen's compensation. Group insurance. Transportation provided or car allowance. For further information please write, supplying details of training & experience to: Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurse for generalized program in Sarnia & district. Excellent working conditions & all usual employee benefits. Car expense account available. Salary schedule $3,120-$4,160, with allowance for experience. Apply: to Dr. G. L. Anderson, Director, The Lambton Health Unit, 260 North Christina Street, Sarnia, Ontario.

Public Health Nurses for public health nursing in a generalized program, salary based on experience; range $3,309 - $3,867 per annum. Positions carry pension, Blue Cross, medical & surgical care, sick leave & other privileges. Applications will be received by the Local Board of Health, 2090 Wyandotte St. E. Windsor, Ontario.

Public Health Nurse. A demonstration project, Modoc County Home Nursing Service. California public health nursing certificate & California drivers licence required. Salary open. Car furnished. Apply: Lloyd W. Shannon, M.D., Health Officer, Modoc County Health Department, Alturas, California, Box 1007.

Public Health Nurses Qualified. Generalized public health program in a combination visiting nurse association, City Health Department Nursing Service, Spokane City. Pop. 189,000. 37½-hr. work-wk., car furnished, social security, city retirement. Salary range, subject to experience, Public Health Nurse I $340-$368, Public Health Nurse II $368-$416, with annual increments. Apply: H. H. Trayner, M.D., M.P.H., Health Officer, Spokane City Health Dept., Spokane, Washington.

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: $3,388-$3,834. Starting salary based on experience. Annual increments. 5-day wk. Vacation, shared hospitalization, sick pay & pension plan benefits. Apply: Personnel Department, Room 320, City Hall, Toronto, Ontario.

Public Health Nurses (Qualified) for the Toronto Branch, Victorian Order of Nurses. Salary range $3,320-$4,150, starting salary based on experience. Annual increments. 5-day wk. 4-wks. vacation. $100 uniform allowance. P.S.I. & Blue Cross available. Pension plan benefits. Apply: Director, 281 Sherbourne Street, Toronto, Ontario. Wa. 1-3184.

Victorian Order of Nurses, Greater Montreal Branch. Positions available on nursing staff — salaries in line with those of other public health organizations. Good personnel policies. Knowledge of French language not essential. Apply: District Director, 1246 Bishop Street, Montreal, Que.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Salary: $3,240 to $3,720 per annum. Openings also available for **General Duty Nurses.** Residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply to: Superintendent of Nurses.

Come to B.C. during our Centennial Year! Applications are invited for positions, either permanent or holiday relief, on the staff of an acute general 50-bed hospital close to Vancouver. R.N.A.B.C. personnel policies in effect. Apply to: Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia.

Medical Record Librarian, Registered to assume full charge. 181-bed general hospital in Central California. 5-dy. 40-hr. wk. Good starting salary with periodic increases; paid vacation, sick leave, holidays. Blue Cross available. Apply: Personnel Director, 2215 Truxtun Ave., Bakersfield, California.

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APPLICATION FOR APPOINTMENT
NURSING SERVICE DEPARTMENT

NAME .....

ADDRESS .....

.....

BIRTHDATE ..... MARITAL STATUS .....

WHERE REGISTERED .....

CLINICAL SERVICE DESIRED .....

POSITION SOUGHT .....

DATE AVAILABLE .....

EDUCATIONAL BACKGROUND

SCHOOL OF NURSING	ADDRESS	DATE OF DIPLOMA OR DEGREE

EXPERIENCE (LIST MOST RECENT POSITION FIRST)

POSITION	HOSPITAL	LOCATION	DATE

TRANSPORTATION PAID UPON APPOINTMENT TO STAFF.

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59TH STREET
NEW YORK 19, NEW YORK.

Practical Nurses (4) qualified for 40-bed active hospital in Central B.C. Pleasant working conditions; 40-hr. wk. 14-days vacation after 1-yr. 1½-dy. sick leave per mo. 10 legal days with pay per yr. Salary $175-$200 according to qualifications; modern new residence available about the end of August; laundering of uniforms done gratis by hospital. Kindly apply giving references & qualifications to Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

General Duty Nurses for small general hospital, beginning salary $300 per mo. — $10 differential p.m. & night duty — 38-hr. wk. Living accommodations available. Apply: Sister Superior, St. Ann's Hospital, Juneau, Alaska.

Combined Lab & X-ray Technician for small general hospital — $400 per mo. Apply: Sister Superior, St. Ann's Hospital, Juneau, Alaska.

General Duty Nurses for modern 60-bed hospital in Southwestern Ontario. Excellent personnel policies & benefits. Good salary. Apply: Director of Nursing, Alexandra Hospital, Ingersoll, Ontario.

Director of Nursing for 64-bed hospital completed in 1953 in town of 3,200 people 100-mi. east of Toronto. Commencing salary from $350-$400 per mo. Excellent accommodation available at nominal charge in apartment not connected with hospital. Cumulative sick leave & Blue Cross fully paid, 4-wk. vacation & 9 statutory holidays. Address applications stating qualifications, experience & date available to F. S. Linton, Secretary, Box 11, Campbellford, Ontario.

Operating Room Nurses (3) also **Assistant Head Nurse for Operating Room.** Nurses with preparation and/or experience in Cardiac & Neurosurgery will be given preference. Good personnel policies — salary according to experience. Apply: Director of Nursing, Kingston General Hospital, Kingston, Ontario.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

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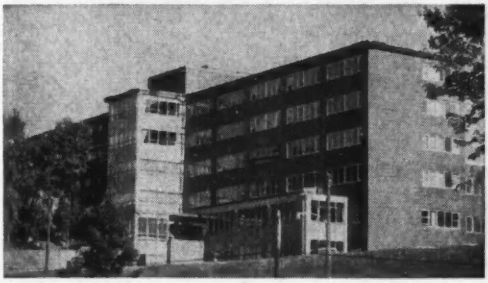

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   Qualifications:
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THE WINNIPEG
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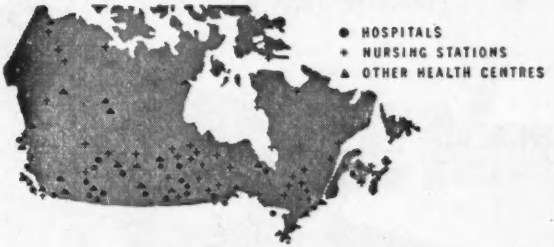

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(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

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Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

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